## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | : **RAKESH RAWAT KUWAR SINGH** | **Service Date** | **:20-Jun-2024** | **Network** | : Green |
| **Card No** | : **I017-029-114504361-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | : **RAKESH RAWAT KUWAR SINGH** | **Doctor's Name** | **:Enomen Goodluck** | | |
| **Payer Name** | : **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : | | |
| **TPA** | : **E CARE - Green Network** | **Remarks** | : | | |
| **Validity** | : **01-10-2023** To **30-09-2024** | | | | |
| **Gender** | : **Male** | | | | |
| **Date Of Birth** | : **10-May-1993** | | | | |
| **Patient's Tel No** | : **0569096867** | | | | |

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% | NA |

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** C/o: High grade fever, severe and generalized body pains. Also complained of excessive thirst. He is not a known diabetic and RBS at presentation is 112mg/dl **Duration:**

**Vitals:** Temp : 39.6 Bp :109 Pulse :114 Resp :18

**Clinical Findings:**

**Diagnosis:** J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,M79.10 - Myalgia, unspecified site, **Date of Onset** :20/40/2024

**Requested Investigations:** 96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,0102-111908-1001, SODIUM CHLORIDE B.P.,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 1343-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,5363-863401-1171 - (PARACETAMOL : 400 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CAFFEINE : 32 MG) (CHLORPHENIRAMINE MALEATE : 3 MG) TABLETS,1161-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS, **Estimated Cost** :

**MEDICAL PRACTITIONER DECLARATION :**

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

**PATIENT'S DECLARATION :**

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

**Dr's Name** : Enomen Goodluck **Stamp :** Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.

**Patient 's signature{Parent if minor}** : **Date :** 20-Jun-2024

**Signature :** **Date** : 20-Jun-2024