

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NISHANTHI PUSHPA
KUMARI WELLAGE
Card No : I017-029-116223024-02
Policy Holder : NISHANTHI PUSHPA
KUMARI WELLAGE
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 01-Jan-1982
Patient's Tel No : 0557160220

Service Date : 21-Jun-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: swelling on the left side of the neck Duration: about 6months. was initially non painful but has become painful over the past few days. There is no history of fever nor recent upper respiratory tract infection. Drug history is significant for metotrexate and steroid which she takes for rheumatoid arthritis for the last 10months. Not hypertensive and not diabetic.

Vitals:Temp : 37.4 Bp :163 Pulse :69 Resp :18

Clinical Findings:

Diagnosis: L72.3 - Sebaceous cyst,R52 - Pain, unspecified,L02.91 - Cutaneous abscess, unspecified, **Date of Onset** :21/53/2024

Requested Investigations: 10061, INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE,82947, **Estimated Cost** :
GLUCOSE,9, Consultation GP

Prescriptions: 0027-142201-2401 - (DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

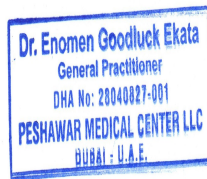
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

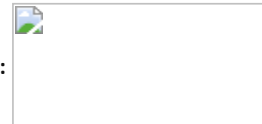
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : 21-Jun-2024

Signature :

Date : 21-Jun-2024