Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **NISHANTHI PUSHPA KUMARI WELLAGE**	**Service Date**	**:21-Jun-2024**	**Network**	**:** Green
Card No	: **I017-029-116223024-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **NISHANTHI PUSHPA KUMARI WELLAGE**	**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	: **Female**				
Date Of Birth	: **01-Jan-1982**				
Patient's Tel No	: **0557160220**				

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 : 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. **Duration:**

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, GLUCOSE,9, Consultation GP **Estimated Cost :**

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 :** 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 :** 21-Jun-2024

Signature : **Date** : 21-Jun-2024