

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

: 22-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

: For follow up and wound dressing. Has nil fresh complaint. Exam: Wound is healing as expected. Size: 6cm in diameter Counselling to keep wound clean and continue prescribed medications.

Vitals:

Clinical Findings:

Diagnosis

: L72.3 - Sebaceous cyst,R52 - Pain, unspecified,L02.91 - Cutaneous abscess, unspecified,

Date of Onset

: 22/39/2024

Requested Investigations

: 9.01, Follow Up Consultation GP,51.02, Non-surgical cleansing with surgical dressing between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters

Estimated Cost

:

Prescriptions:

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.

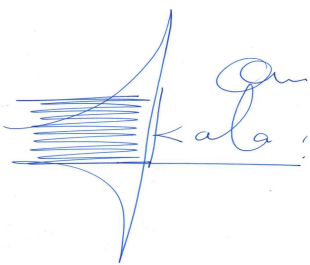
Dr's Name

: Enomen Goodluck

Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature



Date

: 22-Jun-2024

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.

Patient's signature{Parent : if minor}



Date

: 22-Jun-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=49352&patId=26008

1/1