Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: PRAJAKTA NARENDRA PATIL : NARENDRA LAXMANRAO PATIL**	**Service Date**	**:23-Jun-2024**	**Network**	**: Green**
Card No	**: I017-029-118147700-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: PRAJAKTA NARENDRA PATIL : NARENDRA LAXMANRAO PATIL**	**Doctor's Name**	**:Humaira**		
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	**: 24-Nov-1995**				
Patient's Tel No	**: 0524569889**				

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 : co burning pain in the urine blood drop in the urine burning sensation 18 june 2024 oe pain in the lower abdominal region chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37.4 Bp :94 Pulse :71 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R30.9 - Painful micturition, unspecified,R31.9 - Hematuria, unspecified, **Date of Onset** :23/31/2024

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,30042033, CIPROFLOXACIN,0002-116601-1001, METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION ,96365, IV INFUSION THERAPY -Antibiotics & Others,9, Consultation GP **Estimated Cost** :

Prescriptions: 0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0097-658501-0252 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,0195-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 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 : Humaira

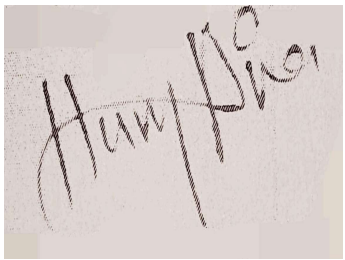
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 23-Jun-2024

Signature :



Date : 23-Jun-2024