

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Janeer Shamsudeen
Mohammed Kunju Lebba

Card No : I017-029-114663190-02

Policy Holder : Janeer Shamsudeen
Mohammed Kunju Lebba

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Blue Network

Validity : 01-10-2023 To 30-09-2024

Gender : Male

Date Of Birth : 11-Apr-1979

Patient's Tel No : 0503052273

Service Date : 21-Oct-2023

Network : Green

Health Provider : Irham Medical Center Arjan

Direct Access SP - YES

Doctor's Name : Enomen Goodluck

Co-Insurance :

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Chest pain for the past one hour. A known hypertensive on medication but not compliant. Has not taken his medication today for example. ECG advised. **Duration:**

Vitals: Temp : 37 Bp :150 Pulse :88 Resp :20

Clinical Findings:

Diagnosis: R07.9 - Chest pain, unspecified, I20.9 - Angina pectoris, unspecified, M94.0 - Chondrocostal junction syndrome [Tietze], **Date of Onset** : 21/22/2023

Requested Investigations: 93000, ELECTROCARDIOGRAM COMPLETE, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, 96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS, 0027-149903-0391 - (DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

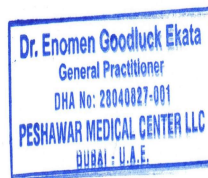
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

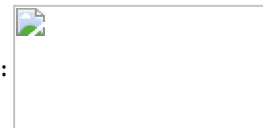
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature {Parent : if minor}



21-
Date : Oct-
2023

Signature :

Date : 21-Oct-2023