Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **Janeer Shamsudeen Mohammed Kunju Lebba**	**Service Date**	**:21-Oct-2023**	**Network**	: Green
Card No	: **I017-029-114663190-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **Janeer Shamsudeen Mohammed Kunju Lebba**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**	**Remarks**	:		
Validity	: **01-10-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **11-Apr-1979**				
Patient's Tel No	: **0503052273**				

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 : 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 :**

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-Oct-2023

Signature : **Date** : 21-Oct-2023