Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: RUBIN MAHARJAN**	**Service Date**	**:21-Oct-2023**	**Network**	**: Green**
Card No	**: I017-029-117174621-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: RUBIN MAHARJAN**	**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	**: 26-Jun-1998**				
Patient's Tel No	**: 0588812699**				

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 : Pain on both ears, with associated reduced hearing on the right. Also has fever for the past two days with pain in throat. ENT: Right ear packed full with wax; TM not visualized. Left ear: TM visualized, however, mild inflamation noted. Throat shows hyperemia **Duration:**

Vitals: Temp : 36.4 Bp :120 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: H90.2 - Conductive hearing loss, unspecified,H61.21 - Impacted cerumen, right ear,H60.8X2 - Other otitis externa, left ear,H92.02 - Otalgia, left ear,J02.9 - Acute pharyngitis, unspecified,R07.0 - Pain in throat, **Date of Onset** :21/29/2023

Requested Investigations: 69210, RMVL IMPACTED CERUMEN SPX 1/BOTH EARS,9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT **Estimated Cost** :

Prescriptions: 0355-103204-1681 - (CIPROFLOXACIN : 0.3%) EYE / EAR DROPS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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.

Dr's Name : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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

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 :** 21-Oct-2023