Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **RAKESH RAWAT KUWAR SINGH**	**Service Date**	**:23-Oct-2023**
Card No	: **I017-029-114504361-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **RAKESH RAWAT KUWAR SINGH**	**Doctor's Name**	**:Sajid Sanaullah**
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	: **Male**		
Date Of Birth	: **10-May-1993**		
Patient's Tel No	: **0569096867**		

Network : Green

Direct Access SP - YES

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 : C/O Bodyache, cough, Nausea, fever rash and itching over both forearm **Duration :**

Vitals: Temp : 36.9 Bp :122 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,L29.9 - Pruritus, unspecified,L23.89 - Allergic contact dermatitis due to other agents,R05 - Cough,R50.9 - Fever, unspecified, **Date of Onset** :23/39/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-709601-0651 - (GRAMICIDIN : 0.25MG/G) (NEOMYCIN SULPHATE : 2.5 MG/G) (NYSTATIN : 100000 IU/G) (TRIAMCINOLONE ACETONIDE : 1 MG/G) OINTMENT,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,2626-106616-2002 - (PARACETAMOL : 665MG) MODIFIED RELEASE TABLETS,1308-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 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 : Sajid Sanaullah

Stamp :

Patient 's signature{Parent : if minor}

Date : 23-Oct-2023

Signature :

Date : 23-Oct-2023