

Administrative

Patient Name

: STANLEY MUIRURI WANJIRU

Card No

: I017-029-116954338-02

Policy Holder

: STANLEY MUIRURI WANJIRU

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

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

Gender

: Male

Date Of Birth

: 25-Oct-1988

Patient's Tel No

: 0569493860

Service Date

: 23-Oct-2023

Health Provider

: Irham Medical Center Arjan

Doctor's Name

: Sajid Sanaullah

Co-Insurance

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

Network

: Green

Direct Access SP

: YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints :

Duration :

Vitals:Temp : 37 Bp :116 Pulse :66 Resp :20

Clinical Findings:

Diagnosis:

Date of Onset : 23/49/2023

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions:

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

: Sajid Sanaullah

Signature :



Stamp :



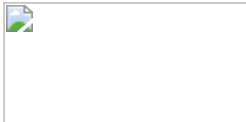
Date

: 23-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 : Oct-2023

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=42232&patId=38479

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