

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Sweety Pie Agustin Abellera
Card No : I017-029-114165338-02
Policy Holder : Sweety Pie Agustin Abellera
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 21-Nov-1997
Patient's Tel No : 0588680668

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 : SWELLING IN THE VAGINA (FURUNCLE?) MILD FEVER NO PAIN
 TENDERNESS++ BURNING++ REFUSED FOR EXAMINATION SHOWED PICTURE.SWELLING OF 1X1 CM,ERYTHEMA+

Vitals:Temp : 37.3 Bp :1104 Pulse :94 Resp :20

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,K29.00 - Acute gastritis without bleeding,L08.9 - Local infection of the skin and subcutaneous tissue, unsp,L02.225 - Furuncle of perineum,

Date of Onset : 23/28/2023

Requested Investigations: 9, Consultation GP
Estimated Cost :

Prescriptions: 0207-214402-0151 - (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,0005-106601-1171 - (PARACETAMOL : 500 MG) 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 :

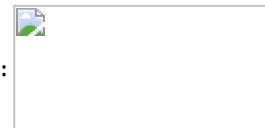
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 23-Oct-2023

Signature :

Date : 23-Oct-2023