

Administrative

Patient Name : ADHIRA SAJEEV SAJEEV

Card No : I017-029-119679339-01

Policy Holder : ADHIRA SAJEEV SAJEEV

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 : 04-Oct-1993

Patient's Tel No : 0588902722

MEDICAL CLAIM FORM

Service Date :23-Oct-2023

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance :

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

Remarks :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Cough, vomiting, nasal congestion. Had flu symptoms including pain in throat, runny nose and fever but was managed two days ago. Now fever has subsided but still coughing and still has nasal congestion in addition to vomiting. Currently on antibiotics (Augmentin).

Vitals:Temp : 37.3 Bp :100 Pulse :88 Resp :24

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,R05 - Cough,R07.9 - Chest pain, unspecified,R09.81 - Nasal congestion,Date of Onset :23/31/2023

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEINEstimated Cost :

Prescriptions: 0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 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.

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 :

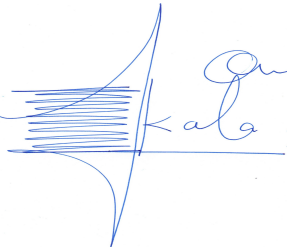
Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

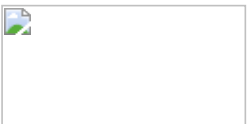
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 23-Oct-2023

Patient 's signature{Parent : if minor}



Date : Oct-2023

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=42248&patId=51264

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