Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: BALAIAH BANDI**	**Service Date**	**:24-Oct-2023**	**Network**	**: Green**
Card No	**: I017-029-117559344-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: BALAIAH BANDI**	**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	**: 06-Aug-1988**				
Patient's Tel No	**: 0524940307**				

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 swelling and pain in right elbow after fall at home O/E swelling seen over extensor of elbow joint, restricted movement Gas **Duration:**

Vitals: Temp : 37 Bp :120 Pulse :90 Resp :20

Clinical Findings:

Diagnosis: M25.521 - Pain in right elbow,M25.421 - Effusion, right elbow,K29.00 - Acute gastritis without bleeding,S59.901A - Unspecified injury of right elbow, initial encounter, **Date of Onset** :24/31/2023

Requested Investigations: 9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION **Estimated Cost** :

Prescriptions: 0195-149907-0612 - (DICLOFENAC SODIUM : 75 MG) MODIFIED RELEASE CAPSULES, **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 : 24-Oct-2023

Signature :

Date : 24-Oct-2023