Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: SAHIL AHMAD RAIS AHMAD**	**Service Date**	**:24-Oct-2023**	**Network**	**: Green**
Card No	**: I017-029-113767022-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: SAHIL AHMAD RAIS AHMAD**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: 01-Jan-1985**				
Patient's Tel No	**: 557208107**				

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 : Still complaining of fever and headache, and nasal congestion. temperature at work this morning said to have been as high as 39 degree. However, temperate at presentation now is 37.6degree. **Duration:**

Vitals: Temp : 37.6 Bp :90 Pulse :90 Resp :24

Clinical Findings:

Diagnosis: J01.40 - Acute pansinusitis, unspecified,J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R05 - Cough, **Date of Onset** :24/23/2023

Estimated Cost :

Requested Investigations: 9.01, Follow Up Consultation GP

Prescriptions: 0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,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.

Patient 's signature{Parent if minor} : **Date :** 24-Oct-2023

Signature : **Date** : 24-Oct-2023