

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** :

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

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

☐ 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

Requested Investigations: 9.01, Follow Up Consultation GP **Estimated Cost** :

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 :

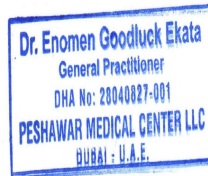
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 :



Patient 's signature{Parent : if minor}



Date : 24-Oct-2023

Signature :

Date : 24-Oct-2023