

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : AYUSH YONZON LAMA

Card No : I017-029-116591791-02

Policy Holder : AYUSH YONZON LAMA

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Male

Date Of Birth : 27-Mar-1994

Patient's Tel No : 0508158396

Service Date : 26-Oct-2023

Health Provider : Irham Medical Center Arjan

Doctor's Name : Sajid Sanaullah

Network : Green

Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ Acute
☐ Pre-existing and chronic
☐ Maternity
Chief Complaints : follow up case of URTI feverish till 10 days Cough, weakness, chills , acidity
O/E throat congested

Vitals:Temp : 37.6 Bp :111 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R68.83 - Chills (without fever),K29.00 - Acute gastritis without bleeding,R53.1 - Weakness, Date of Onset :26/34/2023

Requested Investigations: 9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,85025, Estimated Cost :
BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN

Prescriptions: 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

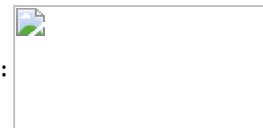
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : Sajid Sanaullah

Stamp :

Patient's signature{Parent :
if minor}26-
Date : Oct-
2023

Signature :

Date : 26-Oct-2023