Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SONU BECHAN PRASAD GUPTA BECHAN PRASAD BHAGHWATI GUPTA**	**Service Date**	**:26-Oct-2023**
Card No	: **I017-029-116461172-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **SONU BECHAN PRASAD GUPTA BECHAN PRASAD BHAGHWATI GUPTA**	**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	: **22-Jun-1994**		
Patient's Tel No	: **0556913295**		

Network : Green

Direct Access SP - YES

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 : Fever, pain in throat, and cough since the past 3days. **Duration :**

Vitals: Temp : 37.5 Bp :127 Pulse :86 Resp :22

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R07.0 - Pain in throat,R09.81 - Nasal congestion,R06.7 - Sneezing, **Date of Onset** :26/10/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT **Estimated Cost** :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE), **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** : 26-Oct-2023

Signature : **Date** : 26-Oct-2023