

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SUNITA GAUTAM
Card No : I017-029-117800348-02
Policy Holder : SUNITA GAUTAM

Service Date : 26-Oct-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck

Network : Green
Direct Access SP - YES

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

Remarks :

Gender : Female
Date Of Birth : 06-Oct-1993
Patient's Tel No : 0564765991

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Generalized body weakness, lower abdominal pain. symptoms since 2days. **Duration:** periods started 3days ago, a day prior to onset of symptoms (LMP: 23/10/2023). There is no fever, no vomiting, no nausea and no change in bowel habit. Has no respiratory symptoms,

Vitals:Temp : 36.5 Bp :150 Pulse :85 Resp :22

Clinical Findings:

Diagnosis: N94.6 - Dysmenorrhea, unspecified,R10.30 - Lower abdominal pain, unspecified,R53.1 - Weakness,R42 - Dizziness and giddiness, **Date of Onset** :26/49/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN

Estimated Cost :

Prescriptions: 0252-182201-0081 - (FOLIC ACID : 0.35 MG) (IRON (AS FERRIC/FERROUS HYDROXIDE POLYMALTOSE COMPLEX) : 100 MG) CHEWABLE TABLETS,0067-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,

Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

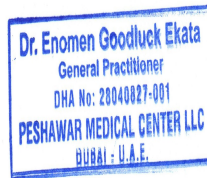
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

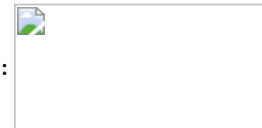
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



26-
Date : Oct-
2023

Signature :

Date : 26-Oct-2023