

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : BIBIN ALIAS ALIAS
Card No : I017-029-118720586-01
Policy Holder : BIBIN ALIAS ALIAS
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 : 07-Sep-1997
Patient's Tel No : 0547455239

Service Date : 28-Oct-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

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

Network : Green
Direct Access SP - YES
Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : nail trauma at home when closing the door finger between the metallic door
Duration: and severe pain and swelling and large hematoma under the nail in right thumb on 28/10/2023

Vitals: Temp : 37 Bp :114 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: S60.10XA - Contusion of unsp finger with damage to nail, init encntr,
 Date of Onset : 28/52/2023

Requested Investigations: 9, Consultation GP,0005-149902-1021, CLOFEN ,0125-122107-1022,
 DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM

Estimated Cost :

Prescriptions:

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 :

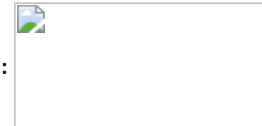
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 28-Oct-2023

Signature :

Date : 28-Oct-2023