Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **RAGEESH MOOKKICHANKANDI KACHAMBRON DINESHAN KARAI CHAKYATH**	**Service Date**	**:30-Oct-2023**	**Network**	: Green
Card No	: **I017-029-116954337-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **RAGEESH MOOKKICHANKANDI KACHAMBRON DINESHAN KARAI CHAKYATH**	**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	: **09-Mar-1997**				
Patient's Tel No	: **0586816074**				

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 : Pain, redness and swelling around the wound since 2days. Sustained a laceration to the left forearm about 10days ago which was sutured Now started feeling pains and swelling around the suture site. **Duration:**

Vitals: Temp : 37.2 Bp :145 Pulse :95 Resp :22

Clinical Findings:

Diagnosis: L03.114 - Cellulitis of left upper limb,R52 - Pain, unspecified, **Date of Onset** : 30/40/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0139-116403-1451 - (AMOXICILLIN : 500 MG) CAPSULES (HARD GELATIN),

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 :** 30-Oct-2023

Signature : **Date** : 30-Oct-2023