

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: RAGEESH MOOKKICHANKANDI KACHAMBRON DINESHAN KARAI CHAKYATH

Card No

: I017-029-116954337-02

Policy Holder

: RAGEESH MOOKKICHANKANDI KACHAMBRON DINESHAN KARAI CHAKYATH

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

: 09-Mar-1997

Patient's Tel No

: 0586816074

Service Date

: 30-Oct-2023

Health Provider

: Irham Medical Center Arjan

Doctor's Name

: Enomen Goodluck

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

: 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

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

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

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.

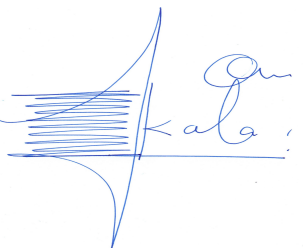
Dr's Name

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :



Date : 30-Oct-2023

Patient 's signature{Parent : if minor}



Date : Oct-2023