

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : TANVIBEN SANJAYBHAI
PARMAR
Card No : I017-029-117065774-02
Policy Holder : TANVIBEN SANJAYBHAI
PARMAR

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 28-Mar-1997
Patient's Tel No : 0545775842

Service Date : 03-Nov-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah

Network : Green
Direct Access SP - YES

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : severe itching and hair falling since one week started and lice seen on the hair
Duration: started 25/10/2023

Vitals:Temp : 36.7 Bp :83 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: B85.0 - Pediculosis due to Pediculus humanus capitis, Date of Onset : 03/13/2023

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 0314-177001-0921 - (LINDANE (GAMMA BENZENE HEXACHLORIDE) : 1%)
(DICOPHANE : 1%) SHAMPOO, 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 :

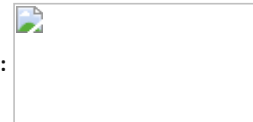
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Nov-03-2023

Signature :

Date : 03-Nov-2023