Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **FRANCIS XAVIER BENJAMIN FERNANDES FERNANDES BENJAMIN PASCOAL**	**Service Date**	**:05-Nov-2023**
Card No	: **I017-029-119349765-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **FRANCIS XAVIER BENJAMIN FERNANDES FERNANDES BENJAMIN PASCOAL**	**Doctor's Name**	**:Sajid Sanaullah**
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	: **14-Oct-1989**		
Patient's Tel No	: **0551353627**		

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

Network : Green

Direct Access SP - YES

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : severe right shoulder pain started one week ago on 28/10/2023 not responded to regular analgesics **Duration:**

Vitals: Temp : 37 Bp :110 Pulse :80 Resp :20

Clinical Findings:

Diagnosis: M62.838 - Other muscle spasm,M79.603 - Pain in arm, unspecified, **Date of Onset** :05/58/2023

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

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0046-149901-0431 - (DICLOFENAC SODIUM : 1%) GEL,4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 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.

Dr's Name : Sajid Sanaullah

Stamp :

Signature :

Date : 05-Nov-2023

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.

Patient 's signature{Parent : if minor}

Date : 05-Nov-2023