Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: VEERA JYOTHI KUMAR THIMMANANA ANANDA RAO THIMMANANA	**Service Date**	:05-Nov-2023	**Network**	: Green
Card No	: I017-029-117673071-02	**Health Provider**	:Irham Medical Center Arjan		**Direct Access SP - YES**
Policy Holder	: VEERA JYOTHI KUMAR THIMMANANA ANANDA RAO THIMMANANA	**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	: 07-Aug-2000				
Patient's Tel No	: 0545902559				

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 : For follow up Wound site is swollen, hyperemic and tender. Wound site infection/cellulitis confirmed due to poor wound care Patient also affirmed he did not take medication as prescribed. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: S61.412S - Laceration without foreign body of left hand, sequela,L03.114 - Cellulitis of left upper limb, **Date of Onset:**05/44/2023

Requested Investigations: 9.01, Follow Up Consultation GP,15850, REMOVAL OF SUTURES **Estimated Cost :**

Prescriptions: 0097-116207-0392 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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 : Enomen Goodluck **Stamp :**

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

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