

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JAUHARA NAMUKAABYA
Card No : I017-029-116933017-02
Policy Holder : JAUHARA NAMUKAABYA
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 : 03-Dec-1991
Patient's Tel No : 0523593797

Service Date : 06-Nov-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 : C/o: Abdominal pain since the past one week. Pain is located at the left side of the abdomen just at the left iliac fossa region. . There is no known relieving nor aggravating symptoms. it is not related to meals. There is no vomiting, no nausea, no change in bowel habit. Has no urinary symptoms, no frequency and no pain on passing urine. There is also no fever. This is the first episode of this kind of pain in her life. LMP: ??/10/2023. (said mid october, date unknown).

Vitals:Temp : 37 Bp :120 Pulse :88 Resp :20

Clinical Findings:

Diagnosis: N83.202 - Unspecified ovarian cyst, left side,R10.30 - Lower abdominal pain, unspecified,R52 - Pain, unspecified,

Date of Onset : 06/02/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY

Estimated Cost :

Prescriptions:

MEDICAL PRACTITIONER DECLARATION :

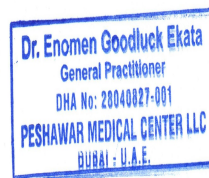
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

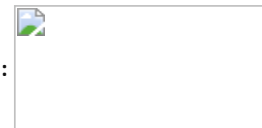
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent if minor} :



Date : Nov-2023

Signature :

Date : 06-Nov-2023