Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: FUSSEL LUGO**	**Service Date**	**:07-Nov-2023**	**Network**	**:** Green
Card No	**: I017-029-117079201-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: FUSSEL LUGO**	**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	**: 03-Apr-1980**				
Patient's Tel No	**: 0527229677**				

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 : severe abdominal pain and vomiting since two weeks back started 15/10/2023 severe flatus **Duration:**

Vitals: Temp : 36.4 Bp :110 Pulse :60 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R14.3 - Flatulence,R11.2 - Nausea with vomiting, unspecified,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed, **Date of Onset** :07/42/2023

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN ,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 6506-525701-1171 - (SIMETHICONE : 80 MG) (CHARCOAL, ACTIVATED : 250 MG) TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0031-168201-0391 - (DOMPERIDONE : 10 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.

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 : 07-Nov-2023

Signature :

Date : 07-Nov-2023