Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: CHANDIKA CHATHURA MADUSHANKA MAHAWELAGE**
Card No	**: I017-029-119816661-01**
Policy Holder	**: CHANDIKA CHATHURA MADUSHANKA MAHAWELAGE**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**
TPA	**: E CARE - Green Network**
Validity	**: 01-10-2023** To **30-09-2024**
Gender	**: Male**
Date Of Birth	**: 09-Oct-1996**
Patient's Tel No	**: +94719064946**

Service Date **:08-Nov-2023** **Network** **:** Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Dr.Rashmi Mosale**

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 : h/o accidental burns by hot water to both lower legs 1 week back , on 2 nd of November dressing done twice and is on oral antibiotics O/e alert, afebrile irregular partial thickness burns on rt leg, at ankle anterior, lat and posterior area around ankle. 20*10 cm Lt leg- anterior shin, lateral and posterior surface over lower leg ,ankle and foot, 40*15*10 irregular shaped partial thickness burns wound bullae with clear fluid notes, granulation tissue minimal, seous discharge present Systemic exam- NAD **Duration:**

Vitals:

Clinical Findings:

Diagnosis: T31.10 - Burns of 10-19% of body surfc w 0% to 9% third degree burns,R52 - Pain, unspecified, **Date of Onset** :08/14/2023

Requested Investigations: 9, Consultation GP,51.02, Non-surgical cleansing with surgical dressing between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters **Estimated Cost** :

Prescriptions: 0503-116407-0391 - (AMOXICILLIN : 1000 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 : Dr.Rashmi Mosale

Stamp :

Dr. Rashmi Keshava Murthy Mosale
General Practitioner
DHA No: 00230994-003
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 08-Nov-2023

Signature :

Date : 08-Nov-2023