Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **Nimesh Kavinda Fernando Warnakulasuriya Patabadige**	**Service Date**	**:09-Nov-2023**
Card No	: **I017-029-116122358-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **Nimesh Kavinda Fernando Warnakulasuriya Patabadige**	**Doctor's Name**	**:Dr.Rashmi Mosale**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-01-1900** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **22-Oct-1997**		
Patient's Tel No	: **0582312609**		

Network : Green

Direct Access SP - YES

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 : fever cough cold since 2 days c/o generalised body ache o/e- alert, febrile, looks ill Throat congested Rs- clear **Duration:**

Vitals: Temp : 36.6 Bp :135 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,R09.81 - Nasal congestion,R53.1 - Weakness, **Date of Onset** :09/55/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),6963-819901-1171 - (AZITHROMYCIN DIHYDRATE : 500 MG) TABLETS,0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 : 09-Nov-2023

Signature :

Date : 09-Nov-2023