

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: YOUSSEF FEDDA

Card No

: I017-029-114545544-01

Policy Holder

: YOUSSEF FEDDA

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Blue Network

Validity

: 01-01-1900 To 11-05-2024

Gender

: Male

Date Of Birth

: 18-Jan-1989

Patient's Tel No

: 971554920486

Service Date

: 09-Nov-2023

Health Provider

: Irham Medical Center Arjan

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

Network

: Green

Direct Access SP

: YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: fever , headache and bodyache 2 days cough and cold present O?e- febrile, looks ill throat congested generalised weakness present advised rest for a day

Duration:

Vitals

:Temp : 37.5 Bp :116 Pulse :82 Resp :22

Clinical Findings:

Diagnosis

: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,R53.1 - Weakness,K29.00 - Acute gastritis without bleeding,

Date of Onset

:09/35/2023

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT 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.

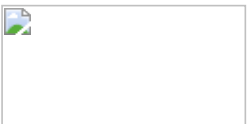
Signature :



Date

: 09-Nov-2023

Patient ‘s signature{Parent : if minor}



Date

: Nov-2023

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=42888&patId=51437

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