Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ROLAND SEBASTIAN DSILVA DSILVA SEBASTIAN FRANCIS**	**Service Date**	**:09-Nov-2023**	**Network**	: Green
Card No	: **I017-029-116223049-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **ROLAND SEBASTIAN DSILVA DSILVA SEBASTIAN FRANCIS**	**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	: **14-Jun-1982**				
Patient's Tel No	: **0505083098**				

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 generalised body ache present known hypertensive on medication O/e- febrile looks ill tonsils enlarged congested RS- clear Adviced CBC, CRP and throat swab Patient refused investigations rest for 2 days **Duration:**

Vitals: Temp : 36.8 Bp :126 Pulse :91 Resp :22

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,J00 - Acute nasopharyngitis [common cold],R05 - Cough,R50.9 - Fever, unspecified,R53.1 - Weakness, **Date of Onset** :09/34/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0278-107902-0391 - (IBUPROFEN : 400 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