

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DEEPIKA PANCHAKOTI
Card No : I017-029-115381333-02
Policy Holder : DEEPIKA PANCHAKOTI
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Female
Date Of Birth : 06-May-1991
Patient's Tel No : 0558385662

Service Date : 12-Nov-2023
Network : Green
Health Provider : Irham Medical Center Arjan
Direct Access SP - YES
Doctor's Name : Sajid Sanaullah

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 : vomiting and stomach pain also exist, Severe burping since five days started Duration: on 7/11/2023 and urine problem as dysuria and burning and the color too much dark

Vitals:Temp : 36.6 Bp :110 Pulse :76 Resp :20

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding, N39.0 - Urinary tract infection, site not specified, Date of Onset :12/07/2023

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,87086, Estimated :
CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE,9, Consultation GP Cost

Prescriptions: 0097-103202-0392 - (CIPROFLOXACIN : 250 MG) FILM COATED TABLETS,0031-168201- Estimated :
0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,0669-242802-3261 - (PANTOPRAZOLE (AS Cost
SODIUM) : 40 MG) DELAYED RELEASE TABLET,

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 :

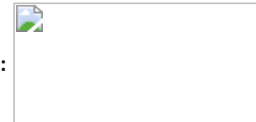
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent :
if minor}



12-
Date : Nov-
2023

Signature :

Date : 12-Nov-2023