Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **DEEPIKA PANCHAKOTI**	**Service Date**	:**12-Nov-2023**	**Network**	: Green
Card No	: **I017-029-115381333-02**	**Health Provider**	:**Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **DEEPIKA PANCHAKOTI**	**Doctor's Name**	:**Sajid Sanaullah**		
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	: **Female**				
Date Of Birth	: **06-May-1991**				
Patient's Tel No	: **0558385662**				

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

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, CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE,9, Consultation GP **Estimated Cost** :

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

Stamp :

Patient 's signature{Parent : if minor}

Date : 12-Nov-2023

Signature :

Date : 12-Nov-2023