Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MOHIT NAIR MADHUSOODHANAN PILLAI M K**	**Service Date**	**:12-Nov-2023**	**Network**	**: Green**
Card No	**: I017-029-117760321-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MOHIT NAIR MADHUSOODHANAN PILLAI M K**	**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	**: Male**				
Date Of Birth	**: 04-Feb-1997**				
Patient's Tel No	**: 0585660174**				

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 : severe fungal infection between toes and in tip of the penis since ten days started on 1/11/2023 **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :78 Resp :20

Clinical Findings:

Diagnosis: B35.3 - Tinea pedis,B35.1 - Tinea unguium,N39.0 - Urinary tract infection, site not specified,N45.2 - Orchitis, **Date of Onset** :12/03/2023

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,87086, CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85651, SEDIMENTATION RATE RBC NON AUTOMATED,9, Consultation GP **Estimated Cost** :

Prescriptions: 0067-140504-0151 - (CLOTRIMAZOLE : 1%) CREAM,0137-268402-1451 - (ITRACONAZOLE : 100 MG) CAPSULES (HARD GELATIN), **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