

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHIT NAIR
: MADHUSOODHANAN PILLAI M K
Card No : I017-029-117760321-02
Policy Holder : MOHIT NAIR
: MADHUSOODHANAN PILLAI M K
Payer Name : ABU DHABI NATIONAL
: INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 04-Feb-1997
Patient's Tel No : 0585660174

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 : 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 Estimated Cost :
AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85651, SEDIMENTATION RATE RBC
NON AUTOMATED,9, Consultation GP

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 :

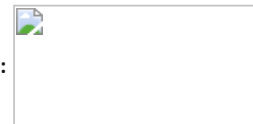
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Nov-2023

Signature :

Date : 12-Nov-2023