Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ANITA MAGAR DHANJIT MAGAR**	**Service Date**	**:15-Nov-2023**
Card No	: **I017-029-119014964-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **ANITA MAGAR DHANJIT MAGAR**	**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	: **20-Oct-1996**		
Patient's Tel No	: **0544398628**		

Network : Green

Direct Access SP - YES

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 : from 14/11/2023 vomiting and diarrhea and stomach pain . **Duration :**

Vitals: Temp : 36.8 Bp :106 Pulse :77 Resp :22

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified,O04.89 - (Induced) termination of pregnancy with other complications,A05.1 - Botulism food poisoning, **Date of Onset** :15/12/2023

Requested Investigations: 84702, B HCG (GONADOTROPIN CHORIONIC QUANTITATIVE),0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,9, Consultation GP **Estimated Cost** :

Prescriptions: **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 : 15-Nov-2023

Signature :

Date : 15-Nov-2023