

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ANITA MAGAR DHANJIT MAGAR
Card No : I017-029-119014964-01
Policy Holder : ANITA MAGAR DHANJIT MAGAR
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 : 20-Oct-1996
Patient's Tel No : 0544398628

Service Date : 15-Nov-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah

Network : Green
Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Co-Insurance :
Remarks :

☐ 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,004.89 - (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- **Estimated :** 1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) **Cost** (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:**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 :

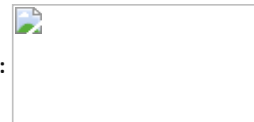
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : Nov-2023

Signature :

Date : 15-Nov-2023