Administrative MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: CHANDIKA CHATHURA MADUSHANKA MAHAWELAGE	Service Date	:16-Nov-2023
Card No	: I017-029-119816661-01	Health Provider	:Irham Medical Center Arjan
Policy Holder	: CHANDIKA CHATHURA MADUSHANKA MAHAWELAGE	Doctor's Name	:Enomen Goodluck
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	Co-Insurance	
TPA	: E CARE - Green Network	Remarks	Enter Any Text
Validity	: 01-10-2023 To 30-09-2024		
Gender	: Male		
Date Of Birth	: 09-Oct-1996		
Patient's Tel No	: +94719064946		

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 : **Duration** : Enter Any Text

Vitals:

Clinical Findings: Enter Any Text

Diagnosis: T25.219D - Burn of second degree of unspecified ankle, subs encntr,T24.232D - Burn of second degree of left lower leg, subs encntr,T25.211D - Burn of second degree of right ankle, subsequent encounter,L03.115 - Cellulitis of right lower limb,R50.9 - Fever, unspecified,

Date of Onset :16/12/2023

Requested Investigations: 9.01, Follow Up Consultation GP,S1.03, Non-surgical cleansing with surgical dressing more than 48 sq inches / 300 sq centimeters

Estimated Cost : Enter Any Text

Prescriptions:

Estimated Cost : Enter Any Text

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.