

Administrative

Patient Name

: JEEVAN JOSEPH

Card No

: I017-029-119959938-01

Policy Holder

: JEEVAN JOSEPH

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

: 09-Mar-2000

Patient's Tel No

: +919605611892

Service Date

:20-Nov-2023

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

:

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

Network

: Green

Direct Access SP

: YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: Severe cellulitis and abscess behind the neck sized 2 cm needed to be drained and needs oral treatment started 5 days ago on 15/11/2023

Vitals

:Temp : 36.8 Bp :136 Pulse :82 Resp :22

Clinical Findings

:

Diagnosis

: L03.221 - Cellulitis of neck,L02.11 - Cutaneous abscess of neck,

Date of Onset

: 20/01/2023

Requested Investigations

: 9, Consultation GP,10160, PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST,0195-107704-0802, CEFTRIAXONE-TABUK IM,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM

Estimated Cost

:

Prescriptions

: 4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,

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.

Dr's Name

: Sajid Sanaullah

Signature

:

Stamp

:

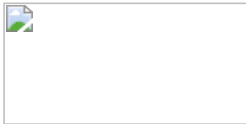
Date

: 20-Nov-2023

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.

Patient 's signature{Parent : if minor}

:

Date

: Nov-2023

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=43318&patId=51183

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