

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JEEVAN JOSEPH
 Card No : I017-029-119959938-01
 Policy Holder : JEEVAN JOSEPH

Service Date :22-Nov-2023
 Health Provider :Irham Medical Center Arjan
 Doctor's Name :Sajid Sanaullah

Network : Green
 Direct Access SP - YES

Payer Name : ABU DHABI NATIONAL
 : INSURANCE COMPANY-ADNIC

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

TPA : E CARE - Green Network
 Validity : 01-01-1900 To 30-09-2024

Remarks :

Gender : Male
 Date Of Birth : 09-Mar-2000

Patient's Tel No : +919605611892

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Duration :

Vitals:

Clinical Findings:

Diagnosis: L03.221 - Cellulitis of neck,J18.0 - Bronchopneumonia, unspecified organism, Date of Onset :22/45/2023

Requested Investigations: 51.03, Non-surgical cleansing with surgical dressing more than 48 sq inches / 300 sq centimeters,9.01, Follow Up 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 :

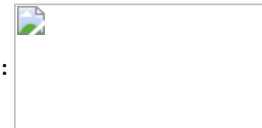
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Nov-2023

Signature :

Date : 22-Nov-2023