

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CHAN THAR WIN
 Card No : I017-029-118780637-01
 Policy Holder : CHAN THAR WIN
 Payer Name : ABU DHABI NATIONAL
 : INSURANCE COMPANY-ADNIC
 TPA : E CARE - Green Network
 Validity : 01-10-2023 To 30-09-2024
 Gender : Male
 Date Of Birth : 23-Nov-2002
 Patient's Tel No : 0589232011

Service Date : 25-Nov-2023
 Network : Green
 Health Provider : Irham Medical Center Arjan
 Direct Access SP - YES
 Doctor's Name : Enomen Goodluck

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : C/o: dry and scaly skin around the neck. also maculopapular rashes on the right shoulder and upper back. Duration:

Vitals: Temp : 36.4 Bp : 115 Pulse : 84 Resp : 22

Clinical Findings:

Diagnosis: L30.9 - Dermatitis, unspecified, Date of Onset : 25/15/2023

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 0096-130804-0151 - (DEXPANTHANOL : 50 MG/G) CREAM, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

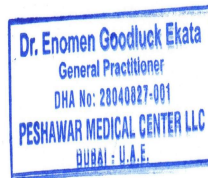
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

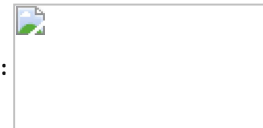
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature {Parent : if minor}



25-
Date : Nov-2023

Signature :

Date : 25-Nov-2023