Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: PETER GITAHI MBURU**	**Service Date**	**:28-Nov-2023**
Card No	**: I017-029-119384583-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: PETER GITAHI MBURU**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**
TPA	**: E CARE - Green Network**	**Remarks**	**:**
Validity	**: 01-10-2023** To **30-09-2024**		
Gender	**: Male**		
Date Of Birth	**: 24-Sep-1997**		
Patient's Tel No	**: 971566442706**		

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 : stomach pain and 2 time vomiting from last night 27/11/2023 **Duration :**

Vitals: Temp : 36.6 Bp :118 Pulse :91 Resp :22

Clinical Findings:

Diagnosis: K27.3 - Acute peptic ulcer, site unsp, w/o hemorrhage or perforation,A05.1 - Botulism food poisoning,A09 - Infectious gastroenteritis and colitis, unspecified, **Date of Onset** :28/30/2023

Requested Investigations: 0102-152902-1001, LACTATED RINGERS INJECTION USP,0005-136504-1021, SCOPINAL,0005-149902-1021, CLOFEN ,96360, HYDRATION IV INFUSION INIT,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT **Estimated Cost** :

Prescriptions: 0170-116609-1171 - (METRONIDAZOLE : 400 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.

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 : 28-Nov-2023

Signature :

Date : 28-Nov-2023