Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: JEVON PRAISTY PASA**	**Service Date**	**:01-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-117698584-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: JEVON PRAISTY PASA**	**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	**: 25-Dec-1991**				
Patient's Tel No	**: 521718292**				

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 : he came with irritation in the RT ear, its from the last night31/02/2023 one forigen body was in the RT ear,no pain ,it was a cotton swab in the RT ear **Duration:**

Vitals: Temp : 35.9 Bp :122 Pulse :81 Resp :22

Clinical Findings:

Diagnosis: T16.9XXS - Foreign body in ear, unspecified ear, sequela, **Date of Onset** :01/25/2023

Requested Investigations: 9, Consultation GP,10120, REMOVE FOREIGN BODY **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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor} **Date :** 01-Dec-2023

Signature :  **Date** : 01-Dec-2023