

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JEVON PRAISTY PASA

Card No : I017-029-117698584-02

Policy Holder : JEVON PRAISTY PASA

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 : 25-Dec-1991

Patient's Tel No : 521718292

Service Date : 01-Dec-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

Remarks :

Network : Green

Direct Access SP - YES

☐ 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

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:

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.

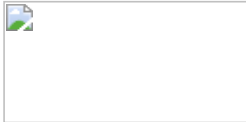
Dr's Name : Sajid Sanaullah

Signature :

Stamp :

Date : 01-Dec-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 : Dec-2023