Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SOWRIVASAN DURAISAMY DURAISAMY**	**Service Date**	**:01-Dec-2023**	**Network**	: Green
Card No	: **I017-029-119503554-01**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **SOWRIVASAN DURAISAMY DURAISAMY**	**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	: **19-Jun-1998**				
Patient's Tel No	: **0523126100**				

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 : from 29/11/2023 has stomach pain **Duration :**

Vitals: Temp : 35.7 Bp :108 Pulse :57 Resp :22

Clinical Findings:

Diagnosis: K27.3 - Acute peptic ulcer, site unsp, w/o hemorrhage or perforation,R10.13 - Epigastric pain,A05.1 - Botulism food poisoning,R11.14 - Bilious vomiting, **Date of Onset** :01/32/2023

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 0005-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED 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 : 01-Dec-2023

Signature :

Date : 01-Dec-2023