

Administrative

MEDICAL CLAIM FORM

Claim Ref:

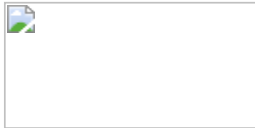
Patient Name : SOWRIVASAN DURAISAMY
Card No : I017-029-119503554-01
Policy Holder : SOWRIVASAN DURAISAMY
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 19-Jun-1998
Patient's Tel No : 0523126100

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

Network : Green
Direct Access SP - YES

Remarks :

☐ 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		
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} 
Signature : 	Date : 01-Dec-2023	Date : Dec-2023