

## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

**Patient Name :** ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT  
**Card No :** I017-029-116280018-02  
**Policy Holder :** ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT  
**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 :** 24-Jul-1985  
**Patient's Tel No :** 0547446008

**Service Date :** 02-Dec-2023  
**Health Provider :** Irham Medical Center Arjan  
**Doctor's Name :** Enomen Goodluck  
**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 :** C/o: Cough, fever, and generalized body pains, Also joint pains and weakness.
 **Duration:**

**Vitals:** Temp : 38.3 Bp :118 Pulse :112 Resp :21

**Clinical Findings:**

**Diagnosis:** J22 - Unspecified acute lower respiratory infection, J00 - Acute nasopharyngitis [common cold], R50.9 - Fever, unspecified,
 **Date of Onset :** 02/50/2023

**Requested Investigations:** 9, Consultation GP, 85652, SEDIMENTATION RATE RBC AUTOMATED, 86140, C REACTIVE PROTEIN, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 96365, THER/PROPH/DIAG IV INF INIT, 0195-107704-0801, CEFTRIAXONE-TABUK IV, 0005-149902-1021, CLOFEN, 96372, THER/PROPH/DIAG INJ SC/IM, 96374, THER/PROPH/DIAG INJ IV PUSH, 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION
 **Estimated : Cost**

**Prescriptions:** 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS, 0005-119803-1172 - (PREDNISOLONE : 20 MG) TABLETS, 0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS, 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP, 0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS, 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM 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 :**

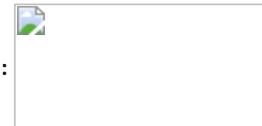
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

**Dr's Name :** Enomen Goodluck

**Stamp :**



**Patient's signature {Parent : if minor}**



**Date :** Dec-2023

**Signature :**

**Date :** 02-Dec-2023