

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Mark Jason Tulabot Singian
Card No : I017-029-113767017-02
Policy Holder : Mark Jason Tulabot Singian
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 : 01-Apr-1998
Patient's Tel No : 0504918225

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: Palpitations, Fever. Has a history of low potassium for which he was placed on potassium tablets (exact name could not be ascertained).

Vitals: Temp : 36.7 Bp :92 Pulse :74 Resp :21

Clinical Findings:

Diagnosis: E87.6 - Hypokalemia,R00.2 - Palpitations,Z86.39 - Personal history of endo, nutritional and metabolic disease,

Requested Investigations: 9, Consultation GP,93000, ELECTROCARDIOGRAM COMPLETE,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN

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.

PATIENT'S DECLARATION :

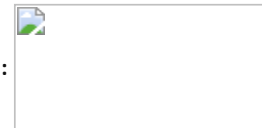
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 02-Dec-2023