Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: Mark Jason Tulabot Singian**	**Service Date**	**:02-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-113767017-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: Mark Jason Tulabot Singian**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: 01-Apr-1998**				
Patient's Tel No	**: 0504918225**				

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

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, **Date of Onset** :02/57/2023

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: **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 :** Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 02-Dec-2023

Signature : **Date** : 02-Dec-2023