Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MANSOOR PERINGODAN HAMEED PERINGODAN**	**Service Date**	**:11-Dec-2023**	**Network**	: Green
Card No	: **I017-029-118774233-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **MANSOOR PERINGODAN HAMEED PERINGODAN**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-01-1900** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **30-May-1985**				
Patient's Tel No	: **971566442706**				

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 : severe low back pain started one month before on 10/11/2023 and today increased in intensity without any trauma and history **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :67 Resp :19

Clinical Findings:

Diagnosis: M54.5 - Low back pain,M54.40 - Lumbago with sciatica, unspecified side,M62.830 - Muscle spasm of back, **Date of Onset** :11/08/2023

Requested Investigations: 0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,7070-149919-0431 - (DICLOFENAC SODIUM : 1 G/100G) GEL,4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 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 : Sajid Sanaullah **Stamp :**

Patient 's signature{Parent if minor} :

Date : 11-Dec-2023

Signature :

Date : 11-Dec-2023