Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: JOHN BARRY OMONDI**	**Service Date**	**:11-Dec-2023**
Card No	**: I017-029-119050814-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: JOHN BARRY OMONDI**	**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	**: 04-Nov-1999**		
Patient's Tel No	**: 0555219621**		

Network : Green

Direct Access SP - YES

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: Pain in the left groin since the past two days. Said to have developed after working out at a gym. Pain was of insidous onset. It does not radiate to any part of the body and there is no known relieving factor, it is however aggravated by movement of the limb against a resistance. There is no fever. Patient however claims to have seen whitish discharge from a punctum around the site of pain. (This could not be demonstrated during the physical examination). There is no associated swelling. Exam: marked tenderness at the left groin, about 2cm proximal to the perineal body and lateral to the left scrotum. No visible nor palpable cough impulse and there is no discharge nor swelling seen.

Duration:

Vitals: Temp : 36.5 Bp :125 Pulse :85 Resp :19

Clinical Findings:

Diagnosis: M63.859 - Disorders of muscle in diseases classd elswhr, unsp thigh,M79.605 - Pain in left leg,L02.224 - Furuncle of groin,

Date of Onset :11/15/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN

Estimated Cost :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,1161-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS,0027-149903-0391 - (DICLOFENAC SODIUM : 100 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 :

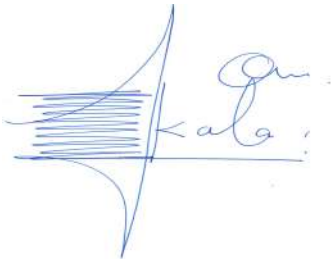
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :

Patient 's signature{Parent : if minor}

Date : 11-Dec-2023

Signature :  **Date :** 11-Dec-2023