

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JAMAL BISWAS ABDUL HALIM BISWAS
Card No : I017-029-119293450-01
Policy Holder : JAMAL BISWAS ABDUL HALIM BISWAS
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 : 09-Mar-1998
Patient's Tel No : 971509956386

Service Date : 12-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: Extreme weakness, cough, fever, headache, Aldo nasal congestion and nasal discharge. Also burning eyes.

Vitals: Temp : 37.1 Bp :115 Pulse :81 Resp :22

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],J02.9 - Acute pharyngitis, unspecified,J22 - Unspecified acute lower respiratory infection,R06.7 - Sneezing,

Date of Onset : 12/07/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0047-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,

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 :

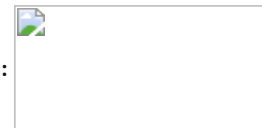
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : 12-Dec-2023

Signature :

Date : 12-Dec-2023