

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : GRETCHEN CAPANGPANGAN
Card No : I017-029-116280045-02
Policy Holder : GRETCHEN CAPANGPANGAN
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 22-Dec-1985
Patient's Tel No : 0545432908

Service Date : 14-Dec-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
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 : FEVER AND ALSO ITCHING AND ALSO HEAD ACHE AND ALSO MUSCULAR PAIN AND ALSO COUGH DRY COUGH
Duration:

Vitals: Temp : 37.4 Bp :108 Pulse :73 Resp :22

Clinical Findings:

Diagnosis: R51.9 - Headache, unspecified,R50.9 - Fever, unspecified,L29.8 - Other pruritus,R05 - Cough,M79.11 - Myalgia of mastication muscle,
Date of Onset : 14/26/2023

Requested Investigations: 9, Consultation GP
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 :

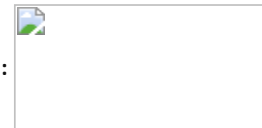
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : 14-Dec-2023

Signature :

Date : 14-Dec-2023