

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : FUSSEL LUGO
 Card No : I017-029-117079201-02
 Policy Holder : FUSSEL LUGO

Service Date :17-Dec-2023
 Health Provider :Irham Medical Center Arjan
 Doctor's Name :Sajid Sanaullah

Network : Green
 Direct Access SP - YES

Payer Name : ABU DHABI NATIONAL
 : INSURANCE COMPANY-ADNIC

Co-Insurance :	CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

TPA : E CARE - Green Network
 Validity : 01-10-2023 To 30-09-2024

Remarks :

Gender : Male
 Date Of Birth : 03-Apr-1980
 Patient's Tel No : 0527229677

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Severe stomach pain started yesterday 15/12/2023 history of gastritis since 15/10/2023

Vitals:Temp : 36.7 Bp :118 Pulse :69 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.2 - Nausea with vomiting, unspecified,K21.9 - Gastro-esophageal reflux disease without esophagitis, Date of Onset :17/57/2023

Requested Investigations: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0005-150403-1021, PREMOSAN ,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,87338, IAAD EIA HPYLORI STOOL,9, Consultation GP

Estimated :
 Cost

Prescriptions: 0435-189401-1113 - (CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION,0031-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,0669-242802-3261 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) DELAYED RELEASE TABLET,

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 :

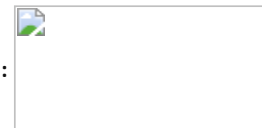
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



17-
 Date : Dec-2023

Signature :

Date : 17-Dec-2023