Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: GRACE REHEMA CHAO**
Card No	**: I017-029-117408180-02**
Policy Holder	**: GRACE REHEMA CHAO**
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	**: 30-Dec-1984**
Patient's Tel No	**: 526504377**

Service Date **:18-Dec-2023** **Network** **:** Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Sajid Sanaullah**

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : HEADACHE IN FRONT OF THE HEAD AFTER VIRAL INFECTION **Duration :**

Vitals: Temp : 36.7 Bp :103 Pulse :92 Resp :22

Clinical Findings:

Diagnosis: R51.9 - Headache, unspecified,R52 - Pain, unspecified,R53.1 - Weakness, **Date of Onset** **:**18/34/2023

Estimated Cost **:**

Requested Investigations: 9, Consultation GP

Prescriptions: 0186-143702-0061 - (CELECOXIB : 100 MG) CAPSULES,1504-575601-3621 - (ASCORBIC ACID (VITAMIN C) : 120 MG) (VITAMIN D : 400 IU) (VITAMIN E : 30 IU) (THIAMINE (VITAMIN B1) : 1.8 MG) (RIBOFLAVINE (VITAMIN B2) : 1.7 MG) (NIACIN (VITAMIN B3; NICOTINIC ACID) : 20 MG) (PYRIDOXINE (VITAMIN B6) : 2.6 MG) (FOLIC ACID : 800 MCG) (VITAMIN B12 : 8 MCG) (IRON (AS FERROUS FUMARATE) : 28 MG) (ZINC : 25 MG) (DHA (DOCOSAHEXAENOIC ACID) : 200 MG) TABLET + SOFTGEL,

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 :

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 18-Dec-2023

Signature :

Date : 18-Dec-2023