

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

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 : 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
Requested Investigations : 9, Consultation GP		Estimated Cost :
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,		
MEDICAL PRACTITIONER DECLARATION :		PATIENT'S 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.		I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information

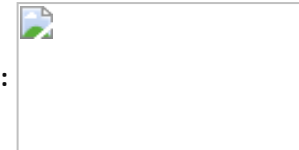
regarding my medical condition & history for purpose of
determining insurance benefits.

**Dr's
Name** : Sajid Sanaullah

Stamp :



**Patient 's
signature{Parent :
if minor}**



Date : 18-
Dec-
2023

Signature :



Date : 18-Dec-2023