

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : WAQAR AHMED MOHD ASLAM
Card No : I017-029-119050823-01
Policy Holder : WAQAR AHMED MOHD ASLAM
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 : 15-Jan-1998
Patient's Tel No : 0545734696

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 : acnea **Duration :**

Vitals:Temp : 36.7 Bp :108 Pulse :81 Resp :22

Clinical Findings:

Diagnosis: L70.9 - Acne, unspecified,L66.2 - Folliculitis decalvans, **Date of Onset :** 18/01/2023

Requested Investigations: 0195-107704-0802, CEFTRIAXONE-TABUK IM,96372, THER/PROPH/DIAG INJ Estimated :
 SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,9, Consultation GP,85025, BLOOD Cost
 COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC
 AUTOMATED,86140, C REACTIVE PROTEIN,84520, UREA NITROGEN QUANTITATIVE,84295, SODIUM
 SERUM PLASMA OR WHOLE BLOOD,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,84450,
 TRANSFERASE ASPARTATE AMINO AST SGOT,84460, TRANSFERASE ALANINE AMINO ALT SGPT,84075,
 PHOSPHATASE ALKALINE

Prescriptions: 0434-308702-0151 - (HYDROCORTISONE : 10 MG/G) (IODOCHLORHYDROXYQUIN : 30 MG/G) CREAM,0139-128301-0151 - (MUPIROCIN : 2%) CREAM,0195-169101-1451 - (DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN), **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 :

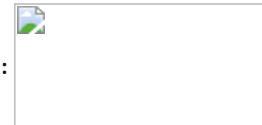
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 18-Dec-2023

Signature :

Date : 18-Dec-2023