

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMMAD MASOM
Card No : I017-029-118594430-02
Policy Holder : MOHAMMAD MASOM
MIAH NAJIM UDDIN
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 02-Mar-1990
Patient's Tel No : 0588648317

Service Date : 20-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 : vomiting, nausea, gastric pain **Duration :**

Vitals:Temp : 36.7 Bp :116 Pulse :88 Resp :22

Clinical Findings:

Diagnosis: R11.0 - Nausea,R11.10 - Vomiting, unspecified,K29.01 - Acute gastritis with bleeding,R10.13 - Epigastric pain, **Date of Onset :** 20/51/2023

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,86901, BLOOD TYPING RH D,82565, CREATININE BLOOD,84295, SODIUM SERUM PLASMA OR WHOLE BLOOD,84132, POTASSIUM SERUM PLASMA/WHOLE BLOOD,84520, UREA NITROGEN QUANTITATIVE,86677, ANTIBODY HELICOBACTER PYLORI,9, Consultation GP

Prescriptions: 0430-161101-1171 - (BISMUTH SUBCITRATE : 120 MG) TABLETS,0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,0155-132303-1451 - (MEBEVERINE : 200 MG) CAPSULES (HARD GELATIN),0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT TABLETS,

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 :

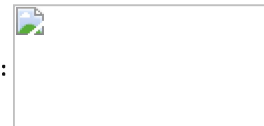
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

A handwritten signature in blue ink, appearing to be 'Raj', is displayed within a rectangular box.

Date : 20-Dec-2023