

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : TUSHAR TUCARAM
 : CHAWAN TUCARAM
 CHAWAN
Card No : I017-029-114604753-02
Policy Holder : TUSHAR TUCARAM
 : CHAWAN TUCARAM
 CHAWAN
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 : 10-Nov-1993
Patient's Tel No : 0523894803

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 : SEVERE SKIN RASHES IN BOTH TIGHS AND SEVERE ICHING SINCE 11/12/2023 **Duration**:

Vitals:Temp : 36.7 Bp :123 Pulse :61 Resp :22

Clinical Findings:

Diagnosis: T78.40XA - Allergy, unspecified, initial encounter,B35.4 - Tinea corporis, **Date of Onset** : 18/25/2023

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE

Estimated :
Cost

Prescriptions: 1729-528901-0152 - (CALAMINE : 4 G/100G) (ZINC (AS ZINC OXIDE) : 3 G/100G) CREAM,0207-214402-0151 - (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM,0205-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,

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 :

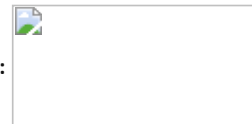
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : 18-Dec-2023

Signature :

Date : 18-Dec-2023