

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ZIPPORAH KAIRUU NJERI

Card No : I017-029-115381336-02

Policy Holder : ZIPPORAH KAIRUU NJERI

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 : 24-Apr-1989

Patient's Tel No : 0582652921

Service Date : 26-Dec-2023

Health Provider : Irham Medical Center Arjan

Doctor's Name : Sajid Sanaullah

Network : Green

Direct Access SP - YES

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 : iron deficiency anemia Duration :

Vitals:Temp : 37.1 Bp :110 Pulse :88 Resp :0

Clinical Findings:

Diagnosis: D50.9 - Iron deficiency anemia, unspecified,R53.82 - Chronic fatigue, unspecified,R42 - Dizziness and giddiness, **Date of Onset** :26/31/2023

Requested Investigations: 9.01, Follow Up Consultation GP,82728, FERRITIN,84466, TRANSFERRIN,83550, IRON BINDING CAPACITY,83540, IRON

Estimated Cost :

Prescriptions: 1650-916601-1451 - (SUCROSOMIAL IRON : 30 MG) (ASCORBIC ACID (VITAMIN C) : 70 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 :

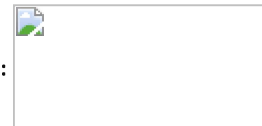
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 26-Dec-2023