## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | **: ZIPPORAH KAIRUU NJERI** | **Service Date** | **:26-Dec-2023** | **Network** | **:** Green |
| **Card No** | **: I017-029-115381336-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | **: ZIPPORAH KAIRUU NJERI** | **Doctor's Name** | **:Sajid Sanaullah** | | |
| **Payer Name** | **: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : | | |
| **TPA** | **: E CARE - Green Network** | **Remarks** | **:** | | |
| **Validity** | **: 01-10-2023** To **30-09-2024** | | | | |
| **Gender** | **: Female** | | | | |
| **Date Of Birth** | **: 24-Apr-1989** | | | | |
| **Patient's Tel No** | **: 0582652921** | | | | |

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% | NA |

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** iron defiviency 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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

**Patient 's signature{Parent : if minor}** **Date :** 26-Dec-2023

**Signature :** **Date** : 26-Dec-2023