Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MARYANN NINA CABUENOS USON**	**Service Date**	**:26-Dec-2023**	**Network**	**:** Green
Card No	**: I017-029-117483918-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MARYANN NINA CABUENOS USON**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	**:**		
Validity	**: 01-01-1900** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 20-Dec-1990**				
Patient's Tel No	**: 971509630740**				

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 : SEVERE PAIN IN LEFT MTP JOINT SINCE ONE WEEK BEFORE ON 19/12/2023 **Duration:**

Vitals: Temp : 36.8 Bp :112 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: M77.40 - Metatarsalgia, unspecified foot, **Date of Onset** : 26/45/2023

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85651, SEDIMENTATION RATE RBC NON AUTOMATED,86140, C REACTIVE PROTEIN,84550, URIC ACID BLOOD,9, Consultation GP **Estimated Cost :**

Prescriptions: 0046-149901-0431 - (DICLOFENAC SODIUM : 1%) GEL,4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 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 :**	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				