

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 : 28-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 : iron deficiency anemia FERRITIN 9 IRON SERUM 21 TIBC 344 PATIENT HAS WEAKNESS AND ALSO SHE HAS LOSS OF HAIR FREQUENTLY AND ALSO SHE HAS FEEL OF WEAKNES EVERY DAY

Vitals:**Clinical Findings:**

Diagnosis: D50.9 - Iron deficiency anemia, unspecified,R53.1 - Weakness,L65.9 - Nonscarring hair loss, unspecified,R20.2 - Paresthesia of skin, **Date of Onset** : 28/30/2023

Requested Investigations: 9.01, Follow Up Consultation GP,0125-122107-1022, DEXAMETHASONE **Estimated :**
SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 **Cost**
MG/ML) SOLUTION FOR INJECTION,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE :
0.9% W/V) SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG
IV INF INIT,96365, IV INFUSION THERAPY -Antibiotics & Others

Prescriptions: 1650-550901-0061 - (ASCORBIC ACID (VITAMIN C) : 70 MG) (LIPOSOMAL IRON : 30 **Estimated :**
MG) CAPSULES, **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 :

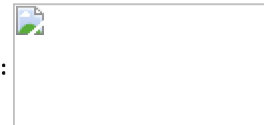
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Dec-2023

Signature :

Date : 28-Dec-2023