Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: VEERA JYOTHI KUMAR THIMMANANA ANANDA RAO THIMMANANA**	**Service Date**	**:11-Jan-2024**
Card No	**: I017-029-117673071-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: VEERA JYOTHI KUMAR THIMMANANA ANANDA RAO THIMMANANA**	**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	**: Male**		
Date Of Birth	**: 07-Aug-2000**		
Patient's Tel No	**: 0545902559**		

Network : Green

Direct Access SP - YES

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 NASAL HIT AT HOME BY SOME OBJECT SUSPECTED TO NOSE FRACTURE HAPPENED TODAY MORNING 11/1/2024 **Duration:**

Vitals: Temp : 36.7 Bp :126 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: S02.2XXA - Fracture of nasal bones, init encntr for closed fracture,G89.11 - Acute pain due to trauma, **Date of Onset:**11/47/2024

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,51.01, Non-surgical cleansing with surgical dressing 16 sq inches / 100 sq centimeters or less,9, Consultation GP **Estimated Cost** :

Prescriptions: 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 : 11-Jan-2024

Signature : 

Date : 11-Jan-2024