Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: ROBERTO LORIAGA ZABALA**	**Service Date**	**:12-Jan-2024**	**Network**	**: Green**
Card No	**: I017-029-120111928-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: ROBERTO LORIAGA ZABALA**	**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	**: Male**				
Date Of Birth	**: 22-May-1994**				
Patient's Tel No	**: 566411215**				

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 ECZEMA AND SKIN ALLERGY SINCE SEPTEMBER 10/09/2023 **Duration :**

Vitals: Temp : 36.8 Bp :120 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: L23.89 - Allergic contact dermatitis due to other agents,L20.84 - Intrinsic (allergic) eczema,L29.9 - Pruritus, unspecified, **Date of Onset** :12/40/2024

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 0030-161901-0951 - (BENZOIC ACID : N/A) (TARTARIC ACID : N/A) (SALICYLIC ACID : N/A) SOAP,0355-162401-0651 - (FLUOCINOLONE : 0.025%) OINTMENT,0205-123701-0391 - (CETIRIZINE HCL : 10 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 :** 12-Jan-2024

Signature : **Date** : 12-Jan-2024