

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ARIFUL ISLAM MOHAMED
MOFIZUL ISLAM
Card No : I017-029-117170354-02
Policy Holder : ARIFUL ISLAM MOHAMED
MOFIZUL ISLAM
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Blue Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 05-Jul-1986
Patient's Tel No : 0554435294

Service Date : 21-Jan-2024
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 : c/o coughing 3 days, itching in throat since 3 days ,itching on digits of hands and feet associated with eruption of skin on examinatio chest congested throat hypremic fungal leison on digits of hand and feet

Vitals:Temp : 36.8 Bp :121 Pulse :87 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,B35.9 - Dermatophytosis, unspecified,B35.3 - Tinea pedis,R52 - Pain, unspecified,R05 - Cough, **Date of Onset** :21/46/2024

Requested Investigations: 9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-101701-0391 - (ACECLOFENAC : 100 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0207-140504-0151 - (CLOTRIMAZOLE : 1%) CREAM,0067-116705-1161 - (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP,2733-646901-3851 - (IPRATROPIUM BROMIDE MONOHYDRATE : 0.6 MG/ML) (XYLOMETAZOLINE HCL : 0.5 MG/ML) NASAL SPRAY,0009-127405-0391 - (AZITHROMYCIN : 500 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 :

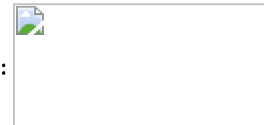
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



21-
Date : Jan-
2024

Signature :

Date : 21-Jan-2024