Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **TONMOY GHOSH KALIPADA GHOSH**	**Service Date**	**:30-Jan-2024**	**Network**	: Green
Card No	: **I017-029-116125747-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **TONMOY GHOSH KALIPADA GHOSH**	**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	: **10-Jun-1992**				
Patient's Tel No	: **0566769711**				

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 : C/o: pruritic lesion in the scrotum. Also has flu-like symptoms. **Duration :**

Vitals: Temp : 36.5 Bp :120 Pulse :72 Resp :22

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J03.80 - Acute tonsillitis due to other specified organisms,B49 - Unspecified mycosis, **Date of Onset** :30/43/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),0696-148701-1172 - (LORATADINE : 10 MG) TABLETS,0788-107203-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) 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}

Date : 30-Jan-2024

Signature :

Date : 30-Jan-2024