Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SAMIR ELSAYED MOHAMED ALI GOMAA**	**Service Date**	**:31-Jan-2024**	**Network**	: Green
Card No	: **I017-029-117981249-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **SAMIR ELSAYED MOHAMED ALI GOMAA**	**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	: **17-Sep-1988**				
Patient's Tel No	: **0528156822**				

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: Wet and oozing lesions on the skin of the left hand. Also has scaly pruritic lesions of the chest. **Duration:**

Vitals: Temp : 36.5 Bp :112 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: L03.114 - Cellulitis of left upper limb,B46.5 - Mucormycosis, unspecified,B49 - Unspecified mycosis, **Date of Onset :**31/57/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0207-214402-0151 - (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM,0696-107902-0392 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,7082-109204-1173 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,0067-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 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 : 31-Jan-2024

Signature :

Date : 31-Jan-2024