## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : **RABIN KADEL THANNA BAHADUR KADEL** | **Service Date** | **:04-Feb-2024** | **Network** | : Green |
| **Card No** | : **I017-029-117588521-02** | **Health Provider** | **:Irham Medical Center Arjan** | | **Direct Access SP - YES** |
| **Policy Holder** | : **RABIN KADEL THANNA BAHADUR KADEL** | **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** | : **10-Oct-1998** | | | | |
| **Patient's Tel No** | : **0569282742** | | | | |

| 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 TIREDNESS, FATIGUE SINCE FEW DAYS HEADACHE SINCE FEW DAYS **Duration :**

**Vitals:**Temp : 36.7 Bp :120 Pulse :80 Resp :22

**Clinical Findings:**

**Diagnosis:** R51.9 - Headache, unspecified,R53.83 - Other fatigue,R52 - Pain, unspecified, **Date of Onset** :04/59/2024

**Estimated Cost** :

**Requested Investigations:** 9, Consultation GP

**Prescriptions:** 0006-106601-0391 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 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 :** 04-Feb-2024

**Signature :** 

**Date** : 04-Feb-2024