Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MAHESH ALE MAGAR**	**Service Date**	**:05-Feb-2024**	**Network**	**:** Green
Card No	**: I017-029-117164888-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MAHESH ALE MAGAR**	**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	**: 09-Aug-1996**				
Patient's Tel No	**: 524981504**				

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 REDNESS , BURNING AND WATERY DISCHARGE FROM BOTH EYES SINCE 1 DAY ON ASSESMENT PT HAS HYPREMIC SWOLLEN EYES AND WATERY DISCHARHE BUT VISION IS NORMAL OTHERWISE **Duration:**

Vitals: Temp : 36.9 Bp :109 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: H10.9 - Unspecified conjunctivitis,H10.45 - Other chronic allergic conjunctivitis,R51.9 - Headache, unspecified,H57.10 - Ocular pain, unspecified eye, **Date of Onset** :05/00/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0085-243301-0371 - (OLOPATADINE : 2 MG/ML) EYE DROPS,0085-239201-0371 - (DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS,0195-123701-0391 - (CETIRIZINE HCL : 10 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 :** 05-Feb-2024

Signature :  **Date** : 05-Feb-2024