Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD ISLAM KHAN DAD**	**Service Date**	**:06-Feb-2024**	**Network**	**:** Green
Card No	: **I017-029-119843963-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **MUHAMMAD ISLAM KHAN DAD**	**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	: **14-Mar-1995**				
Patient's Tel No	: **0556629295**				

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 : Still has severe generalized body itching., Had been managed as a case of dermatitis and also as a case of scabies but symptoms has persisted, thus necessitating the need for referral. Refer to dermatology. **Duration:**

Vitals: Temp : 36.8 Bp :120 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: L30.9 - Dermatitis, unspecified,L29.8 - Other pruritus, **Date of Onset** : 06/50/2024

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

Prescriptions: **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 :** 06-Feb-2024

Signature :  **Date** : 06-Feb-2024