Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ANDREW HANY WAHBA ANIS**	**Service Date**	**:08-Feb-2024**
Card No	: **I017-029-119679205-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **ANDREW HANY WAHBA ANIS**	**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	: **05-Sep-1988**		
Patient's Tel No	: **0562344259**		

Network : Green

Direct Access SP - YES

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: Upper abdominal pain, recurrent bulpping and feeling of stomach tightness with excessive gases. Also has recurrent headache, that is worst on the occipital region. Was counselled to see the ophthalmologist but is yet to go. Not a known hypertensive and not diabetic.

Duration:

Vitals: Temp : 36.7 Bp :114 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed,R51.9 - Headache, unspecified,

Date of Onset :08/35/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-141607-1111 - (ALUMINIUM HYDROXIDE : 215 MG/5 ML) (SIMETHICONE : 25 MG/5ML) (MAGNESIUM HYDROXIDE : 80 MG/5ML) SUSPENSION,0005-106601-1171 - (PARACETAMOL : 500 MG) TABLETS,1394-243002-1172 - (RABEPRAZOLE SODIUM : 20 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 : 08-Feb-2024

Signature :

Date : 08-Feb-2024