Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MUHAMMAD AHMAD SHAH**	**Service Date**	**:10-Feb-2024**	**Network**	**:** Green
Card No	**: I017-029-118302089-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: MUHAMMAD AHMAD SHAH**	**Doctor's Name**	**:Sajid Sanaullah**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Blue Network**	**Remarks**	:		
Validity	**: 16-06-2023** To **15-06-2024**				
Gender	**: Male**				
Date Of Birth	**: 01-Apr-1994**				
Patient's Tel No	**: 563935629**				

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: Pain and injury on the right lower limb, following a fall from a motor bike. He was the loan rider of a motor bike which slipped on a wet road and fell here in Arjan. Multiple small abbrasions on the left thigh and left leg. **Duration:**

Vitals: Temp : 36.6 Bp :122 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: S80.812A - Abrasion, left lower leg, initial encounter,G89.11 - Acute pain due to trauma, **Date of Onset :**10/58/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,9, Consultation GP **Estimated Cost :**

Prescriptions: 0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, **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 :** 10-Feb-2024

Signature :  **Date** : 10-Feb-2024