

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: MUHAMMAD AHMAD SHAH

Card No

: I017-029-118302089-01

Policy Holder

: MUHAMMAD AHMAD SHAH

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Blue Network

Validity

: 16-06-2023 To 15-06-2024

Gender

: Male

Date Of Birth

: 01-Apr-1994

Patient's Tel No

: 563935629

Service Date

:10-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

Remarks

:

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: 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.

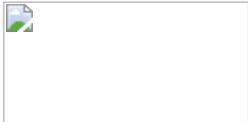
Signature :



Date

: 10-Feb-2024

Patient 's signature{Parent : if minor}



10-Date : Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46097&patId=52493

1/1