

Administrative

Patient Name : CHAN THAR WIN

Card No : I017-029-118780637-01

Policy Holder : CHAN THAR WIN

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Male

Date Of Birth : 23-Nov-2002

Patient's Tel No : 0589232011

MEDICAL CLAIM FORM

Service Date :11-Feb-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Sajid Sanaullah

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/o: requesting a medical report for his history of allergy. Has had multiple visits of recurrent allergies for which he was managed in this facility.

Duration:

Vitals:Temp : 36.5 Bp :121 Pulse :75 Resp :22

Clinical Findings:

Diagnosis: L50.0 - Allergic urticaria,

Date of Onset : 11/07/2024

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

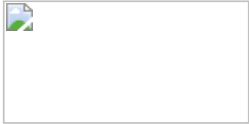
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 11-Feb-2024

Patient 's signature{Parent : if minor}



11-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=46118&patId=39503

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