

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: CLARENCE JOSEPH LOPES

Card No

: I017-029-118086270-02

Policy Holder

: CLARENCE JOSEPH LOPES

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

: 03-May-1998

Patient's Tel No

: 0522990340

Service Date

:11-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 in throat, cough and nasal congestion and nasal discharge. There is no fever.

Vitals

:Temp : 36.7 Bp :134 Pulse :78 Resp :22

Clinical Findings:

Diagnosis

: J00 - Acute nasopharyngitis [common cold],J06.0 - Acute laryngopharyngitis,

Date of Onset

:11/11/2024

Estimated Cost

:

Requested Investigations

: 9, Consultation GP

Prescriptions

: 5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,

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

Signature

Date

: 11-Feb-2024

Patient 's signature{Parent : if minor}

Date

: Feb-2024