

Administrative

Patient Name : SOPHIE MARIE MATON

Card No : I017-029-119842089-01

Policy Holder : SOPHIE MARIE MATON

Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA : E CARE - Blue Network

Validity : 14-09-2023 To 13-09-2024

Gender : Female

Date Of Birth : 02-Sep-1992

Patient's Tel No : 0521793318

Service Date :12-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 :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/o: A case of recurrent tonsillar stones. Counselling on the need for surgery Duration: as this has been recurrent for many months now.

Vitals:Temp : 36.8 Bp :110 Pulse :80 Resp :6118

Clinical Findings:

Diagnosis: J35.8 - Other chronic diseases of tonsils and adenoids, Date of Onset : 12/54/2024

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.

Dr's Name : Sajid Sanaullah

Stamp :

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

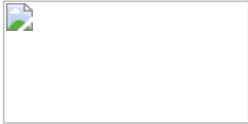
Signature :

Date : 12-Feb-2024

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.

Patient 's signature{Parent : if minor}



12-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46149&patld=41675

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