Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SAIFUL ISLAM**	**Service Date**	**:16-Feb-2024**
Card No	**: I017-029-119768242-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: SAIFUL ISLAM**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	**: E CARE - Green Network**	**Remarks**	:
Validity	**: 01-10-2023** To **30-09-2024**		
Gender	**: Male**		
Date Of Birth	**: 16-Dec-2000**		
Patient's Tel No	**: 0557585940**		

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: diarrhea since the past 2 days. Had multiple episodes yesterday but only 4 episodes today. Problem started after There is now associated weakness and feeling of tiredness which started this afternoon. There is no fever, and there is no blood or mucus in stool. There is no abdominal pain. **Duration:**

Vitals: Temp : 36.8 Bp :128 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R19.7 - Diarrhea, unspecified,R53.1 - Weakness,R42 - Dizziness and giddiness, **Date of Onset** :16/29/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-230603-2091 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) ORAL POWDER,0188-232401-0391 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0005-169101-1451 - (DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN),0415-200001-1452 - (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN), **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 :

Patient 's signature{Parent : if minor}

Date : 16-Feb-2024

Signature :

Date : 16-Feb-2024