

Administrative

Patient Name

: NISHANTHA BANDARANAYAKA MUDIYANSELAGE

Card No

: I017-029-116122149-02

Policy Holder

: NISHANTHA BANDARANAYAKA MUDIYANSELAGE

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

: 22-Nov-1989

Patient's Tel No

: 0528867477

Service Date

: 20-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

Network

: Green

Direct Access SP

: YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: For follow up Rectal bleeding has stopped. Still has anal pain, severe after defecation.

Vitals

: Temp : 36.7 Bp :124 Pulse :78 Resp :18

Clinical Findings

:

Diagnosis

: K64.1 - Second degree hemorrhoids,K62.5 - Hemorrhage of anus and rectum,K60.2 - Anal fissure, unspecified,

Date of Onset

: 20/43/2024

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

:

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

Signature



Stamp



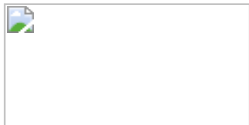
Date

: 20-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}



Date

: 20-Feb-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46374&patId=26858

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