

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHSIN KHAN MOHAMMED NIYAZ
Card No : I017-029-117360009-02
Policy Holder : MOHSIN KHAN MOHAMMED NIYAZ
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 : 01-Sep-1982
Patient's Tel No : 0589929842

Service Date : 22-Feb-2024 Network : Green
Health Provider : Irham Medical Center Arjan Direct Access SP - YES
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 :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : Dry cough, pain in throat and body pains since 2 days. Duration :		
Vitals: Temp : 36.7 Bp :114 Pulse :74 Resp :18		
Clinical Findings:		
Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J03.90 - Acute tonsillitis, unspecified,J00 - Acute nasopharyngitis [common cold],		Date of Onset :22/41/2024
Requested Investigations: 9, Consultation GP		Estimated Cost :
Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0027-265801-1631 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.5%) DROPS (ORAL),		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 : 22-Feb-2024
Signature : 	Date : 22-Feb-2024	