Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: CAESAR ZALUM MALLILLIA**	**Service Date**	**:29-Feb-2024**	**Network**	**:** Green
Card No	**: I017-029-118816759-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: CAESAR ZALUM MALLILLIA**	**Doctor's Name**	**:Dr. Hamid Esmaeilpour**		
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	**: 28-Aug-1972**				
Patient's Tel No	**: 0501397656**				

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 : **Duration :**

Vitals: Temp : 36.4 Bp :121 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J30.9 - Allergic rhinitis, unspecified,I10 - Essential (primary) hypertension,E11.42 - Type 2 diabetes mellitus with diabetic polyneuropathy,Z76.0 - Encounter for issue of repeat prescription, **Date of Onset** :29/45/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0027-188603-0391 - (VILDAGLIPTIN : 50 MG) (METFORMIN HCL : 500 MG) FILM COATED TABLETS,0696-155401-0391 - (LOSARTAN POTASSIUM : 50 MG) FILM COATED TABLETS, **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.

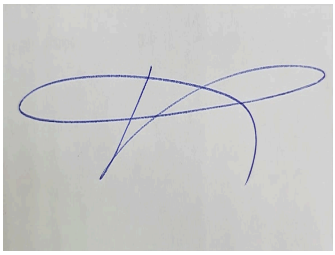
PATIENT'S DECLARATION :

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 : Dr. Hamid Esmaeilpour **Stamp :**

Dr. Hamid Esmaeilpour
Specialist General Surgery
DHA No: 10991334-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor} **Date :** 29-Feb-2024

Signature :  **Date** : 29-Feb-2024