

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SAJAWAL ALI GHULAM RASOOL

Card No : I017-029-117511033-02

Policy Holder : SAJAWAL ALI GHULAM RASOOL

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 : 14-Jan-1994

Patient's Tel No : 0559916801

Service Date : 08-Mar-2024

Health Provider : Irham Medical Center Arjan

Doctor's Name : Enomen Goodluck

Co-Insurance :

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green

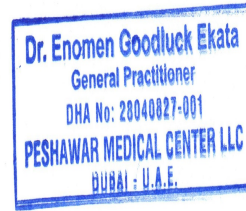
Direct Access SP - YES

Remarks :

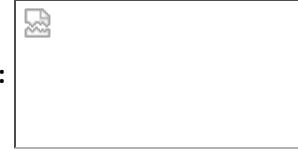
☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : Nasal congestion and nasal discharge. Duration :		
Vitals:Temp : 36.7 Bp :118 Pulse :78 Resp :22		
Clinical Findings:		
Diagnosis: J01.40 - Acute pansinusitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R09.81 - Nasal congestion, Date of Onset:08/23/2024		
Estimated Cost :		
Requested Investigations: 9, Consultation GP		
Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOPHEDRINE : 30 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** : Enomen Goodluck

Stamp :



**Patient 's
signature{Parent :
if minor}**



Date : 08-
Mar-2024

Signature :

A handwritten signature in blue ink, appearing to read "Enomen Goodluck Ekata".

Date : 08-Mar-2024