Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: JEEVAN JOSEPH	**Service Date**	:14-Mar-2024	**Network**	: Green
Card No	: I017-029-119959938-01	**Health Provider**	:Irham Medical Center Arjan	**Direct Access SP - YES**	
Policy Holder	: JEEVAN JOSEPH	**Doctor's Name**	:Enomen Goodluck		
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	**Co-Insurance**	:		

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

Remarks :

TPA	: E CARE - Green Network		
Validity	: 01-01-1900 To 30-09-2024		
Gender	: Male		
Date Of Birth	: 09-Mar-2000		
Patient's Tel No	: +919605611892		

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Represented still having symptoms. This is 4 days after he first presented and prescription given, he is still unwell. Temperature at presentation is 38.5 degree He claims to be taking medications as prescribed. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, unspecified,R52 - Pain, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :14/18/2024

Requested Investigations: 87086, CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: **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 :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor} **Date :** 14-Mar-2024

Signature : **Date** : 14-Mar-2024