Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: KULESHIKA OMALI PUSSALLA**	**Service Date**	**:15-Mar-2024**	**Network**	**:** Green
Card No	**: I017-029-116125788-01**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	**: KULESHIKA OMALI PUSSALLA**	**Doctor's Name**	**:Maimoona**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**		
TPA	**: E CARE - Green Network**				
Validity	**: 01-10-2023** To **30-09-2024**				
Gender	**: Female**	**Remarks**	**:**		
Date Of Birth	**: 09-Dec-1984**				
Patient's Tel No	**: 0588975114**				

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 : c/o flu,headache ,fever since 2 days **Duration :**

Vitals: Temp : 37.6 Bp :129 Pulse :92 Resp :22

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R05 - Cough,R52 - Pain, unspecified,J06.9 - Acute upper respiratory infection, unspecified, **Date of Onset** :15/34/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, 0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,1144-253101-1162 - (HEDERA HELIX (IVY) : 7MG/ML) SYRUP, 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 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 : Maimoona

Stamp :

Patient 's signature{Parent : if minor}

Date : 15-Mar-2024

Signature :

Date : 15-Mar-2024