Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **RAVINDRA SINGH KUWAR SINGH**	**Service Date**	**:16-Mar-2024**	**Network**	**:** Green
Card No	: **I017-029-119843965-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **RAVINDRA SINGH KUWAR SINGH**	**Doctor's Name**	**:Enomen Goodluck**		
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	: **16-Jun-1987**				
Patient's Tel No	: **0521136987**				

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: Pruritic skin lesions on the groin. Patient has declined examination. However described the lesion as circumferential with active margin, which has now got wider over time. **Duration:**

Vitals: Temp : 36.5 Bp :117 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J21.9 - Acute bronchiolitis, unspecified, **Date of Onset** :16/20/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0207-214402-0151 - (BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) 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 :**

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** : 16-Mar-2024

Signature : **Date** : 16-Mar-2024