

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : YASSINE MEZOLY Service Date :16-Mar-2024 Network : Green
Card No : I017-029-118908548-01 Health Provider :Irham Medical Center Arjan Direct Access SP - YES
Policy Holder : YASSINE MEZOLY Doctor's Name :Enomen Goodluck
Payer Name : ABU DHABI NATIONAL Co-Insurance :

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

TPA : E CARE - Green Network Remarks :
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 20-Oct-1992
Patient's Tel No : 0562436327

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : C/o: Anal pain since last night (18hours) ago. There was associated protrusion of surrounding anal skin but no bleeding per rectum. Stool was hard. Has a similar history in the past and has been managed for hemorrhoid on multiple occasions, beginning from 3 years ago. DRE declined. Duration:

Vitals:Temp : 36.7 Bp :128 Pulse :74 Resp :22

Clinical Findings:

Diagnosis: K60.0 - Acute anal fissure,K64.8 - Other hemorrhoids, Date of Onset : 16/59/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0071-158501-0391 - (HESPERIDIN : 50 MG) (DIOSMIN (FLAVONOIDIC FRACTION) : 450 MG) FILM COATED TABLETS,0027-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,1291-170801-1161 - (LACTULOSE : 66.7%) SYRUP, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

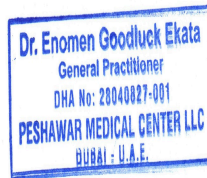
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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}



16-
Date : Mar-2024

Signature :

Date : 16-Mar-2024