## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | **: NIROJ POKHREL** | **Service Date** | **:17-Mar-2024** |
| **Card No** | **: I017-029-117265848-02** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | **: NIROJ POKHREL** | **Doctor's Name** | **:Maimoona** |
| **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** | **: 07-Sep-1996** | | |
| **Patient's Tel No** | **: 0509075641** | | |

**Network** : Green

**Direct Access SP - YES**

| 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 itchy leison on pubic area **Duration :**

**Vitals:**Temp : 36.8 Bp :124 Pulse :82 Resp :22

**Clinical Findings:**

**Diagnosis:** L08.9 - Local infection of the skin and subcutaneous tissue, unsp,L29.9 - Pruritus, unspecified, **Date of Onset :**17/13/2024

**Estimated Cost :**

**Requested Investigations:** 9, Consultation GP

**Prescriptions:** 0281-128401-0151 - (FUSIDIC ACID : 2%) CREAM,0195-123701-0391 - (CETIRIZINE HCL : 10 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 :** 17-Mar-2024

**Signature :**  **Date :** 17-Mar-2024