Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MANGAL BAHADUR GURUNG**	**Service Date**	**:19-Mar-2024**	**Network**	: Green
Card No	: **I017-029-119843973-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **MANGAL BAHADUR GURUNG**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-01-1900** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **27-Oct-1982**				
Patient's Tel No	: **971566442706**				

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: Pain on the right heal. frequency of micturiction A known hypertensive controlled on medication. **Duration:**

Vitals: Temp : 37 Bp :128 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,E11.9 - Type 2 diabetes mellitus without complications,G43.901 - Migraine, unsp, not intractable, with status migrainosus,E78.5 - Hyperlipidemia, unspecified,M10.9 - Gout, unspecified,M72.2 - Plantar fascial fibromatosis, **Date of Onset** :19/35/2024

Requested Investigations: 80061, LIPID PANEL,83036, HEMOGLOBIN GLYCOSYLATED A1C,80051, ELECTROLYTE PANEL,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,84550, URIC ACID BLOOD,9, Consultation GP **Estimated Cost** :

Prescriptions: 0006-199803-1172 - (SUMATRIPTAN : 100 MG) TABLETS,0135-223401-1171 - (NAPROXEN : 500 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 :** 19-Mar-2024

Signature : **Date** : 19-Mar-2024