

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MANGAL BAHADUR GURUNG
Card No : I017-029-119843973-01
Policy Holder : MANGAL BAHADUR GURUNG
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-01-1900 To 30-09-2024
Gender : Male
Date Of Birth : 27-Oct-1982
Patient's Tel No : 971566442706

Service Date : 19-Mar-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : C/o: Pain on the right heal. frequency of micturition A known hypertensive Duration: controlled on medication.

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, Estimated :
ELECTROLYTE PANEL,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C Cost
REACTIVE PROTEIN,84550, URIC ACID BLOOD,9, Consultation GP

Prescriptions: 0006-199803-1172 - (SUMATRIPTAN : 100 MG) TABLETS,0135-223401-1171 - Estimated :
(NAPROXEN : 500 MG) TABLETS, Cost

MEDICAL PRACTITIONER DECLARATION :

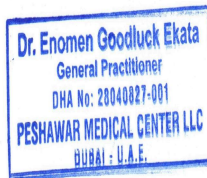
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

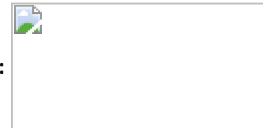
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : Mar-2024

Signature :

Date : 19-Mar-2024