

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ANTON SITHUM
: CHATHURANGA JAYAMAHA
: MUDALIGE DON

Card No : I017-029-118774237-01

Policy Holder : ANTON SITHUM
: CHATHURANGA JAYAMAHA
: MUDALIGE DON

Payer Name : ABU DHABI NATIONAL
: INSURANCE COMPANY-ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Male

Date Of Birth : 27-Jun-2000

Patient's Tel No : 0524799560

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Pain and swelling on the right big toe since yesterday. There is no fever. Has a history of trauma also on the right big toe.

Vitals: Temp : 36.8 Bp : 114 Pulse : 82 Resp : 22

Clinical Findings:

Diagnosis: M10.9 - Gout, unspecified, M79.675 - Pain in left toe(s), Date of Onset : 19/52/2024

Requested Investigations: 84550, URIC ACID BLOOD, 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT, 86140, C REACTIVE PROTEIN, 9, Consultation GP

Estimated :
Cost

Prescriptions: 0005-107906-0431 - (IBUPROFEN : 5%) GEL, 0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,

Estimated :
Cost

MEDICAL PRACTITIONER DECLARATION :

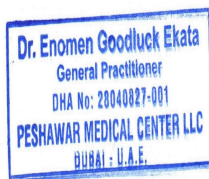
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

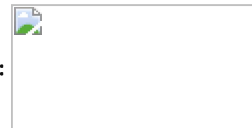
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature {Parent : if minor}



19-
Date : Mar-
2024

Signature :

Date : 19-Mar-2024