Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON	**Service Date**	:19-Mar-2024	**Network**	: Green
Card No	: I017-029-118774237-01	**Health Provider**	:Irham Medical Center Arjan		**Direct Access SP - YES**
Policy Holder	: ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON	**Doctor's Name**	:Enomen Goodluck		
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	: 27-Jun-2000				
Patient's Tel No	: 0524799560				

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 : 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. **Duration:**

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.

Dr's Name : Enomen Goodluck

Stamp : Dr. Enomen Goodluck Ekata, General Practitioner, DHA No: 28040827-001, PESHAWAR MEDICAL CENTER LLC, DUBAI : U.A.E.

Signature :

Date : 19-Mar-2024

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.

Patient 's signature{Parent if minor} :

Date : 19-Mar-2024