Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD**
Card No	**: I017-029-119448916-01**
Policy Holder	**: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD**
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	**: 29-Sep-1986**
Patient's Tel No	**: 0507029989**

Service Date **:20-Mar-2024** **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

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 : Concerned about his heart rate which was incidentally discovered to be 52bpm during a routine check in the office. He has no symptoms, Has a previous history of MI 7months ago and was placed on Lipirose Gold 10 (Rosuvostatin, aspirin +clopidogrel), Ramipril (Ramcor1.25), and Revelol (Metoprolol 12.5). Patient is counselled appropriately that the slightly low HR could be because of metoprolol, and thus reassured.

Duration:

Vitals: Temp : 36.8 Bp :110 Pulse :70 Resp :22

Clinical Findings:

Diagnosis: I20.9 - Angina pectoris, unspecified,R00.1 - Bradycardia, unspecified,E78.49 - Other hyperlipidemia, **Date of Onset :**20/58/2024

Requested Investigations: 9, Consultation GP,80061, LIPID PANEL,84484, TROPONIN QUANTITATIVE,80051, ELECTROLYTE PANEL

Estimated Cost :

Estimated Cost :

Prescriptions:

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 : 20-Mar-2024

Signature : **Date** : 20-Mar-2024