Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **JOSE RAFAEL LOPERA EVANGELISTA**	**Service Date**	**:20-Mar-2024**
Card No	: **I017-029-116122138-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **JOSE RAFAEL LOPERA EVANGELISTA**	**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	: **19-Mar-1977**		
Patient's Tel No	: **0563597129**		

Network : Green

Direct Access SP - YES

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 : Weakness since 3 days. Also has been having recurring neck pain recently due to his spondylosis. Also has pain when passing urine. Known hypertensive and diabetic. **Duration:**

Vitals: Temp : 36.6 Bp :140 Pulse :76 Resp :16

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,E11.65 - Type 2 diabetes mellitus with hyperglycemia,I10 - Essential (primary) hypertension,M54.2 - Cervicalgia,M47.892 - Other spondylosis, cervical region, **Date of Onset** :20/19/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,83036, HEMOGLOBIN GLYCOSYLATED A1C,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,9, Consultation GP **Estimated Cost** :

Prescriptions: 0053-111703-0251 - (SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.75 G) (CITRIC ACID : 720 MG) EFFERVESCENT GRANULES,0252-106601-1172 - (PARACETAMOL : 500 MG) TABLETS,0090-122303-0392 - (ETORICOXIB : 90 MG) FILM COATED TABLETS,1161-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 500 MG) FILM COATED TABLETS,0114-114204-1171 - (GLIMEPIRIDE : 1 MG) TABLETS,0090-204901-0391 - (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 MG) FILM COATED TABLETS, **Estimated Cost** :

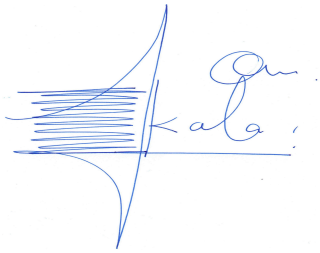
MEDICAL PRACTITIONER DECLARATION :

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 :

Signature :



Date : 20-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 : 20-Mar-2024