

Administrative

Patient Name : JOHN BARRY OMONDI

Card No : I017-029-119050814-01

Policy Holder : JOHN BARRY OMONDI

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 : 04-Nov-1999

Patient's Tel No : 0555219621

MEDICAL CLAIM FORM

Service Date :25-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 :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : High grade fever, diarrhea since yesterday. Temperature at presentation = 39.4

Duration:

Vitals:Temp : 39.4 Bp :120 Pulse :102 Resp :93

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified,R50.9 - Fever, unspecified,

Date of Onset :25/25/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,9, Consultation GP

Estimated Cost :

Prescriptions: 0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0188-232401-0391 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0005-106601-1171 - (PARACETAMOL : 500 MG) TABLETS,0097-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0027-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,

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 :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

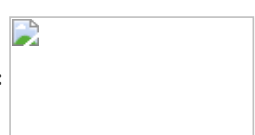
PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 25-Mar-2024

Patient 's signature{Parent : if minor}



Date : Mar-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=47179&patId=40447

1/1