Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: TUSHAR TUCARAM CHAWAN TUCARAM CHAWAN**
Card No	**: I017-029-114604753-02**
Policy Holder	**: TUSHAR TUCARAM CHAWAN TUCARAM CHAWAN**
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	**: 10-Nov-1993**
Patient's Tel No	**: 0523894803**

Service Date **:30-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 : C/o: nasal congestion, cough since 2 days. there is no fever. Has over one month history of numbness and tingling on just an area over the anterior thigh. Had surgery for kidney stone removal in 2021 and 2023 (in which he had laser treatment). . **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified,M79.2 - Neuralgia and neuritis, unspecified, **Date of Onset** :30/11/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 5254-830602-2401 - (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS,0993-649501-3591 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) SUSPENSION FOR NASAL SPRAY,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-116801-2481 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 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.

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 : 30-Mar-2024

Signature :

Date : 30-Mar-2024