

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : RONNIE ALVARES ANTHONY
Card No : I017-029-116122236-02
Policy Holder : RONNIE ALVARES ANTHONY
Payer Name : ABU DHABI NATIONAL
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 07-Jul-1987
Patient's Tel No : 523245468

Service Date : 01-Apr-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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : Fever since last night, body pains and pain in throat. Also nasal congestion and nasal discharge Duration:

Vitals:Temp : 37.2 Bp :100 Pulse :74 Resp :20

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J03.90 - Acute tonsillitis, unspecified,J30.9 - Allergic rhinitis, unspecified, Date of Onset :01/29/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 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),1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

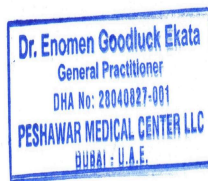
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

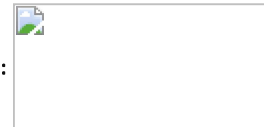
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : 01-Apr-2024

Signature :

Date : 01-Apr-2024