

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CHAN THAR WIN
Card No : I017-029-118780637-01
Policy Holder : CHAN THAR WIN
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 : 23-Nov-2002
Patient's Tel No : 0589232011

Service Date : 02-Apr-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
Network : Green
Direct Access SP - YES

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 : rashes on the posterior neck. Said to have been noticed 2 days after the commencement of a new type of aloe vera body lotion. There is associated pruritus. Duration:

Vitals: Temp : 36.6 Bp : 122 Pulse : 78 Resp : 18

Clinical Findings:

Diagnosis: L20.9 - Atopic dermatitis, unspecified, L50.0 - Allergic urticaria, Date of Onset : 02/54/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 1069-108101-0391 - (DESLORATADINE : 5 MG) FILM COATED TABLETS, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

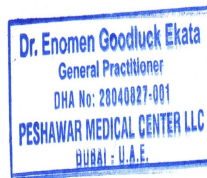
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

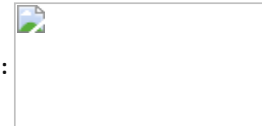
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature {Parent : if minor}



02-Apr-2024

Signature :

Date : 02-Apr-2024