

Administrative

Patient Name

: ALLEN SUJIN MICHEAL
MICHEAL MARIAKAN

Card No

: I017-029-118001523-02

Policy Holder

: ALLEN SUJIN MICHEAL
MICHEAL MARIAKAN

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

: 12-Jul-1989

Patient's Tel No

: 0528810875

Service Date

:04-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

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : High grade fever, dry cough, generalized body pains, no sorethroat, headaches and myalgia. symptoms onset is 31/03/2024.

Duration:

Vitals:Temp : 38 Bp :128 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J03.90 - Acute tonsillitis, unspecified,

Date of Onset :04/16/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Estimated :
Cost

Prescriptions: 1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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,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.

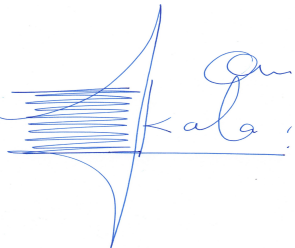
Dr's Name

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

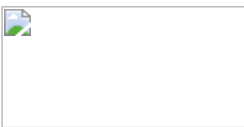
Signature :



Date

: 04-Apr-2024

Patient 's signature{Parent : if minor}



Date : Apr-2024

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1/1