Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: **NAWAJAHMED AKIL SAYYED AKIL JANMOHAMED SAYYED**	**Service Date**	**:05-Apr-2024**	**Network**	: Green
Card No	: **I017-029-116122371-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **NAWAJAHMED AKIL SAYYED AKIL JANMOHAMED SAYYED**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	: (see table below)		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-10-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **06-Jun-1998**				
Patient's Tel No	: **0586644103**				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Cough and cold since the past 4 days. Also has pain in throat, and intermittent low grade fever. Review of system: Highly pruritic lesions on the toes of the right leg. **Duration:**

Vitals: Temp : 36.6 Bp :110 Pulse :62 Resp :22

Clinical Findings:

Diagnosis: J02.8 - Acute pharyngitis due to other specified organisms,J03.80 - Acute tonsillitis due to other specified organisms,J30.9 - Allergic rhinitis, unspecified, **Date of Onset** :05/30/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM,0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 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),1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,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.

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 : Kala

Date : 05-Apr-2024

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.

Patient 's signature{Parent : if minor}

Date : 05-Apr-2024