

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CHAN THAR WIN
Card No : I017-029-118780637-01
Policy Holder : CHAN THAR WIN

Service Date :07-Apr-2024
Health Provider :Irham Medical Center Arjan
Doctor's Name :Sajid Sanaullah

Network : Green
Direct Access SP - YES

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC

Co-Insurance :

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

TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024

Remarks :

Gender : Male
Date Of Birth : 23-Nov-2002
Patient's Tel No : 0589232011

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : fever and swit from 5 days ago

Duration :

Vitals:Temp : 36.5 Bp :120 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: M79.10 - Myalgia, unspecified site,R53.83 - Other fatigue,A01.00 - Typhoid fever, unspecified,A02.8 - Other specified salmonella infections,R50.9 - Fever, unspecified,

Date of Onset :07/20/2024

Requested Investigations: 86768, ANTIBODY SALMONELLA,9, Consultation GP,9.01, Follow Up Consultation GP

Estimated Cost :

Estimated Cost :

Prescriptions:

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 :

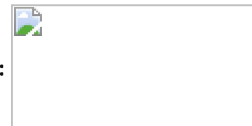
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Apr-2024

Signature :

Date : 07-Apr-2024