Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: bhupendra kumar**	**Service Date**	**:09-Apr-2024**	**Network**	**: Green**
Card No	**: I017-029-119899044-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: bhupendra kumar**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	:		
Validity	**: 01-10-2023** To **30-09-2024**				
Gender	**: Male**				
Date Of Birth	**: 29-Jun-1989**				
Patient's Tel No	**: 0543971634**				

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 : Upper respiratory tract symptoms, including cough, pain in throat and running nose. There is no fever. blocked nostrils making breathing difficult. **Duration:**

Vitals: Temp : 36.8 Bp :128 Pulse :52 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R07.0 - Pain in throat,R06.7 - Sneezing, **Date of Onset** :09/56/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0005-114501-2481 - (AMBROXOL 15 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 :**

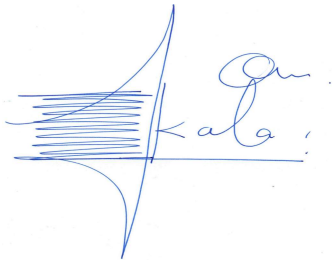
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name : Enomen Goodluck

Stamp :

Signature :



Date : 09-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 : 09-Apr-2024