Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **NIPUL DESHAN KOOMMALAGE**	**Service Date**	**:11-Apr-2024**	**Network**	: Green
Card No	: **I017-029-116122328-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **NIPUL DESHAN KOOMMALAGE**	**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	: **24-Jul-1994**				
Patient's Tel No	: **0589584301**				

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 : C/o: diarrhea and vomiting since this morning. Has had 10 episodes of vomiting and 8 episodes of diarrhea. There is associated high grade fever, presenting temperature is 38.5 and presenting BP is 86/72mmhg (HYPOTENSION) There is no abdominal pain There is no respiratory symptoms and no urinary symptoms. **Duration:**

Vitals: Temp : 38.5 Bp :86 Pulse :117 Resp :18

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified,K29.00 - Acute gastritis without bleeding,R19.7 - Diarrhea, unspecified,R11.10 - Vomiting, unspecified,I95.9 - Hypotension, unspecified, **Date of Onset** :11/17/2024

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,87045, CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELLA,80051, ELECTROLYTE PANEL,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-242802-0781, PANTONIX 40MG I.V.,0002-116601-1001, METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION ,96374, INJECTION SERVICE-IV,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 0005-150407-1172 - (METOCLOPRAMIDE : 10 MG) TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0097-230603-2091 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) ORAL POWDER,0152-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0054-103201-0391 - (CIPROFLOXACIN : 500 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: 20040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

Patient 's signature{Parent : if minor} **Date :** 11-Apr-2024

Signature : **Date** : 11-Apr-2024