Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ISHAN RAJEEWA PERUMADURA**	**Service Date**	**:11-Apr-2024**	**Network**	: Green
Card No	: **I017-029-116125952-02**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	: **ISHAN RAJEEWA PERUMADURA**	**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	: **01-Oct-1991**				
Patient's Tel No	: **0529327188**				

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, pain in throat and fever. also has chest pain when coughing. Cough is productive of clear sputum that is difficult to expectorate. **Duration:**

Vitals: Temp : 37 Bp :108 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: J22 - Unspecified acute lower respiratory infection,J02.8 - Acute pharyngitis due to other specified organisms,R05 - Cough, **Date of Onset** :11/32/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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.

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

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