

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SAYANTAN BARIK MADAN
Card No : I017-029-117490451-02
Policy Holder : SAYANTAN BARIK MADAN
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 04-Nov-1996
Patient's Tel No : 0502648924

Service Date : 14-Apr-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : SANDIA
Co-Insurance :

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

Network : Green
Direct Access SP - YES

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : pt comes with red right eye. side of the eye is itchy pain in eye it started 12th night and became red and worse yesterday. Duration:

Vitals: Temp : 37 Bp : 118 Pulse : 88 Resp : 0

Clinical Findings:

Diagnosis: H10.11 - Acute atopic conjunctivitis, right eye, Date of Onset : 14/37/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 1312-383001-0381 - (TOBRAMYCIN SULPHATE : 3 MG/G) EYE OINTMENT, 0085-125903-0372 - (MOXIFLOXACIN (AS HCL) : 0.5%) EYE DROPS,

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 :

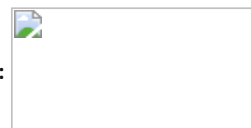
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : SANDIA

Stamp :



Patient's signature {Parent : if minor}



14-Apr-2024

Signature :

Date : 14-Apr-2024