Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Service Date**	**:17-Apr-2024**
Card No	: **I017-029-119959937-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Doctor's Name**	**:SANDIA**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **09-10-2023** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **05-Mar-2002**		
Patient's Tel No	: **971528501605**		

Network : Green

Direct Access SP - YES

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 : Patient comes with pain in penis on tip. Since a week. Burning sensation while peeing No fever no other signs or symptoms On examination. Discoloration, whitish discharge Bleeding Diagnosis: herpes viral infection of urogenital system **Duration:**

Vitals:

Clinical Findings:

Diagnosis: A63.8 - Other specified predominantly sexually transmitted diseases, **Date of Onset** :17/23/2024

Requested Investigations: 85007, BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,87070, CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL,81001, ROUTINE EXAMINATION, URINE,9, Consultation GP,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY **Estimated Cost** :

Prescriptions: **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.

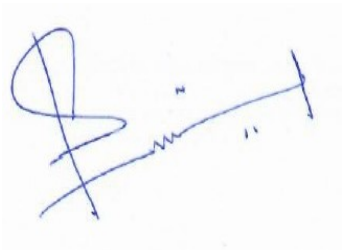
Dr's Name : SANDIA

Stamp :

Patient 's signature{Parent if minor} :

Date : 17-Apr-2024

Signature :



Date : 17-Apr-2024