Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: DALIP SINGH UMESH SINGH**	**Service Date**	**:23-Apr-2024**	**Network**	**:** Green
Card No	**: I017-029-119293445-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: DALIP SINGH UMESH SINGH**	**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	**: 20-Jun-1995**				
Patient's Tel No	**: 0502052706**				

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 : Pain on the right hip joint since yesterday morning. There is no history of trauma and this is the first time he is having this kind of problem Not hypertensive and not diabetic. Works as a chef and stands for 12 hours every day cooking. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: M16.11 - Unilateral primary osteoarthritis, right hip,M25.551 - Pain in right hip, **Date of Onset** :23/46/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0426-160701-2541 - (METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY,0135-223401-1171 - (NAPROXEN : 500 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 :** 23-Apr-2024

Signature : **Date** : 23-Apr-2024