Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MOHIT KUMAR NARESH CHANDRA**	**Service Date**	**:24-Apr-2024**	**Network**	: Green
Card No	: **I017-029-117742793-02**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **MOHIT KUMAR NARESH CHANDRA**	**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	: **25-Jun-1995**				
Patient's Tel No	: **0564670216**				

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 in the left ear since the past 2weeks. ENT exam shows wax impaction, some of which were manually removed. Ear also has signs of inflamation with some exudate. **Duration:**

Vitals: Temp : 36.5 Bp :113 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: H65.02 - Acute serous otitis media, left ear,H60.8X2 - Other otitis externa, left ear,H92.02 - Otalgia, left ear, **Date of Onset** :24/51/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0219-142902-1451 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,6894-822002-1681 - (DEXAMETHASONE SODIUM PHOSPHATE : 1MG/ML) (GENTAMICIN SULPHATE : 3 MG/ML) EYE / EAR 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 : 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** : 24-Apr-2024

Signature : **Date** : 24-Apr-2024