

Administrative

Patient Name

: MOHSIN KHAN
MOHAMMED NIYAZ

Card No

: I017-029-117360009-02

Policy Holder

: MOHSIN KHAN
MOHAMMED NIYAZ

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

: 01-Sep-1982

Patient's Tel No

: 0589929842

Service Date

: 24-Apr-2024

Health Provider

: Irham Medical Center Arjan

Doctor's Name

: Humaira

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

: co fungal infaction on both foot 5 days itching on both feet oe chest clear
vitals stable

Duration:

Vitals

:Temp : 36.7 Bp :114 Pulse :74 Resp :18

Clinical Findings:

Diagnosis

: T78.40XS - Allergy, unspecified, sequela,L29.9 - Pruritus, unspecified,

Date of Onset

: 24/33/2024

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

: 7048-140201-0061 - (FLUCONAZOLE : 150 MG) CAPSULES,0027-109206-0151 -
(TERBINAFINE (AS HCL) : 1%) CREAM,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED
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.

Dr's Name

: Humaira

Stamp

Signature

Date

: 24-Apr-2024

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.

Patient ‘s signature{Parent : if minor}

Date

: 24-Apr-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=47712&patId=35906

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