Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: YASSINE MEZOLY**	**Service Date**	**:27-Apr-2024**
Card No	**: I017-029-118908548-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	**: YASSINE MEZOLY**	**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-Oct-1992**		
Patient's Tel No	**: 0562436327**		

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 : Multiple episodes of vomiting since the past 2days, Now feels week thus neccessitating his presentation was said to have had showerma in a restaurant at production city following which he started vomiting. There is associated epigastric pain and tenderness. **Duration:**

Vitals: Temp : 36.2 Bp :134 Pulse :77 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.10 - Vomiting, unspecified,R53.1 - Weakness,R10.10 - Upper abdominal pain, unspecified, **Date of Onset** :27/13/2024

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,0005-242802-0781, PANTONIX 40MG I.V.,2190-106618-1001, PARAFUSIV,96374, INJECTION SERVICE-IV,96374, INJECTION SERVICE-IV,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost :**

Prescriptions: 0005-141607-1111 - (ALUMINIUM HYDROXIDE : 215 MG/5 ML) (SIMETHICONE : 25 MG/5ML) (MAGNESIUM HYDROXIDE : 80 MG/5ML) SUSPENSION,0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-150407-1172 - (METOCLOPRAMIDE : 10 MG) TABLETS,5098-116604-1171 - (METRONIDAZOLE : 500 MG) TABLETS,0054-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0005-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

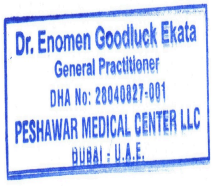
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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.

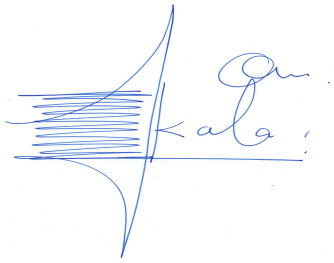
Dr's Name : Enomen Goodluck

Stamp :



Patient 's signature{Parent : if minor}

Date : 27-Apr-2024

Signature :  **Date :** 27-Apr-2024