Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **RISHITA PAHARI NIRMAL PAHARI**	**Service Date**	**:28-Apr-2024**
Card No	: **I017-029-117981167-02**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **RISHITA PAHARI NIRMAL PAHARI**	**Doctor's Name**	**:Humaira**
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	: **Female**		
Date Of Birth	: **16-Jan-1998**		
Patient's Tel No	: **0521476456**		

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 : CO HEARTBURN 3 days backache 4 days watery mouth dry cough running nose burning urine lmp 24 4 24 oe chest is clear vitals are stable **Duration:**

Vitals: Temp : 36.5 Bp :112 Pulse :77 Resp :22

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding,N39.0 - Urinary tract infection, site not specified,R53.1 - Weakness,M54.5 - Low back pain, **Date of Onset** :28/14/2024

Requested Investigations: 86677, ANTIBODY HELICOBACTER PYLORI,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,9, Consultation GP **Estimated Cost** :

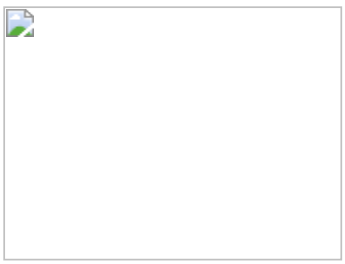
Prescriptions: 2104-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0270-189301-0081 - (ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,0097-658501-0251 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,0219-533801-0392 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 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.

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 : Humaira **Stamp :** 

Patient 's signature{Parent : if minor}  **Date :** 28-Apr-2024

Signature :		**Date :** 28-Apr-2024	