

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ACHINI IMALKA PEIRIS
KALUTHANTHRIGE

Card No : I017-029-118741775-01

Policy Holder : ACHINI IMALKA PEIRIS
KALUTHANTHRIGE

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 01-10-2023 To 30-09-2024

Gender : Female

Date Of Birth : 16-Jun-1996

Patient's Tel No : 0557107432

Service Date :30-Apr-2024

Network : Green

Health Provider :Irham Medical Center Arjan

Direct Access SP - YES

Doctor's Name :Humaira

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : co sneezing nasal blockage 1 day bady ache oe dry cough chest is clear no added sounds vitals are stable Duration:

Vitals:Temp : 37.3 Bp :96 Pulse :98 Resp :22

Clinical Findings:

Diagnosis: J30.9 - Allergic rhinitis, unspecified,R52 - Pain, unspecified,R09.81 - Nasal congestion,R05 - Cough, Date of Onset :30/44/2024

Requested Investigations: 9, Consultation GP,0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,94640, AIRWAY INHALATION TREATMENT

Estimated :
Cost

Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, Estimated :
Cost

MEDICAL PRACTITIONER DECLARATION :

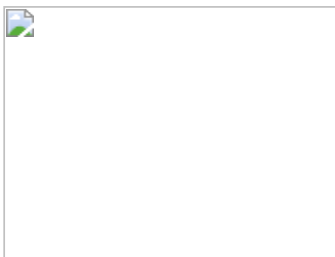
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

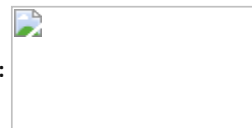
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

Stamp :

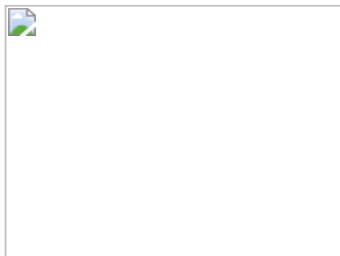


Patient 's signature{Parent : if minor}



30-
Date : Apr-
2024

Signature :



Date : 30-Apr-2024