Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: ANISA RASHID	**Service Date**	:26-Apr-2023
Card No	: I035-029-119288788-01	**Health Provider**	:Irham Medical Center Arjan
Policy Holder	: ANISA RASHID	**Doctor's Name**	:Enomen Goodluck
Payer Name	: Islamic Arab Insurance Co. (P.S.C.	**Co-Insurance**	
TPA	: ECARE-EBP EBP Enhanced CLASIC	**Remarks**	:
Validity	: 20-03-2023 To 19-03-2024		
Gender	: Female		
Date Of Birth	: 19-Aug-1990		
Patient's Tel No	: 0523142201		

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 : C/o: vomiting, nausea, diarrhea. following a history of food consumption in the restaurant. father who also ate the food has similar symptoms. **Duration:**

Vitals: Temp : 36.7 Bp :108 Pulse :88 Resp :22

Clinical Findings:

Diagnosis: K52.1 - Toxic gastroenteritis and colitis,R10.84 - Generalized abdominal pain,R50.9 - Fever, unspecified,R19.7 - Diarrhea, unspecified, **Date of Onset** :26/15/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,80051, ELECTROLYTE PANEL **Estimated Cost** :

Prescriptions: 0005-106601-1171 - (PARACETAMOL : 500 MG) TABLETS,0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0097-230603-2091 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) ORAL POWDER, **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 :** 26-Apr-2023

Signature : **Date** : 26-Apr-2023