Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MOHIT KUMAR NARESH CHANDRA**	**Service Date**	**:26-Jun-2024**	**Network**	: Green
Card No	: **I017-029-117742793-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **MOHIT KUMAR NARESH CHANDRA**	**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	: **Male**				
Date Of Birth	: **25-Jun-1995**				
Patient's Tel No	: **0564670216**				

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 skin rashes onthe groin area 23 june 2024 oe round patches of the skin rashes chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37 Bp :120 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: C84.00 - Mycosis fungoides, unspecified site,L29.9 - Pruritus, unspecified, **Date of Onset** :26/08/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0078-140201-1451 - (FLUCONAZOLE : 150 MG) CAPSULES (HARD GELATIN),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.

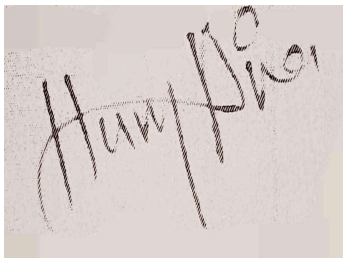
PATIENT'S DECLARATION :

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 :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 26-Jun-2024

Signature :  **Date** : 26-Jun-2024