

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: HASAN MOHD HAYATH

Card No

: I017-029-119768244-01

Policy Holder

: HASAN MOHD HAYATH

Payer Name

: ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA

: E CARE - Green Network

Validity

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

Gender

: Male

Date Of Birth

: 15-Mar-2000

Patient's Tel No

: +97470826887

Service Date

:27-Jun-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Network

: Green

Direct Access SP

- YES

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

: Vesicular and hyperemic rash on the right side of the back only (dermatomal).

Duration:

Vitals

:Temp : 36.7 Bp :103 Pulse :63 Resp :18

Clinical Findings:

Diagnosis: B00.9 - Herpesviral infection, unspecified,R52 - Pain, unspecified,L29.9 - Pruritus, unspecified,L20.9 - Atopic dermatitis, unspecified,

Date of Onset

:28/02/2024

Requested Investigations

: 9, Consultation GP

Estimated Cost

:

Prescriptions

: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1162-347205-1171 - (ACICLOVIR : 400 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

: Enomen Goodluck

Stamp

:

Dr. Enomen Goodluck Ekata

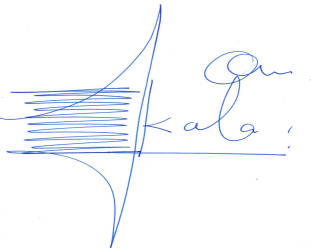
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

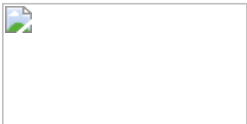
Signature

:

Date

: 28-Jun-2024

Patient's signature{Parent : if minor}



Date

: 28-Jun-2024