Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: hlaing min**	**Service Date**	**:28-Jun-2024**
Card No	**: I017-029-120076126-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: hlaing min**	**Doctor's Name**	**:Enomen Goodluck**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	**: E CARE - Green Network**	**Remarks**	:
Validity	**: 13-11-2023** To **30-09-2024**		
Gender	**: Male**		
Date Of Birth	**: 30-Dec-1998**		
Patient's Tel No	**: 0503014261**		

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: high grade fever, upper abdominal pain, generalized body pain, headache and nausea. Duration: 2 days (26/06/2024) **Duration:**

Vitals: Temp : 40.1 Bp :124 Pulse :109 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,K29.00 - Acute gastritis without bleeding,M79.10 - Myalgia, unspecified site,R50.9 - Fever, unspecified,R10.13 - Epigastric pain,R11.0 - Nausea, **Date of Onset** :28/53/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0188-232402-0391 - (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 : Enomen Goodluck

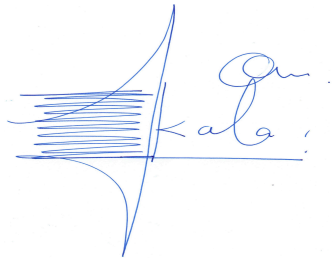
Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 28-Jun-2024

Signature :



Date : 28-Jun-2024