Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: GABRIEL COLLACO FREDY**	**Service Date**	**:28-Jun-2024**
Card No	**: I017-029-116125960-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: GABRIEL COLLACO FREDY**	**Doctor's Name**	**:Enomen Goodluck**
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	**: 02-Mar-1965**		
Patient's Tel No	**: 0528381796**		

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 : PC: Chest pain. A known hypertensive, claims to be compliant with medications. but BP at presentation today is 162/105mmhg (elevated). ECG is advised. **Duration:**

Vitals: Temp : 36.9 Bp :162 Pulse :83 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,R07.9 - Chest pain, unspecified, **Date of Onset** :28/20/2024

Requested Investigations: 93000, ELECTROCARDIOGRAM COMPLETE,84484, TROPONIN QUANTITATIVE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,96365, IV INFUSION THERAPY -Antibiotics & Others,96372, INJECTION SERVICE-IM,9, Consultation GP **Estimated Cost** :

Prescriptions: **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