Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: ROJU LAMA	**Service Date**	:28-Jun-2024	**Network**	: Green
Card No	: I017-029-120721958-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC	**Direct Access SP - YES**	
Policy Holder	: ROJU LAMA	**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	: Female				
Date Of Birth	: 02-Oct-2002				
Patient's Tel No	: 0561916960				

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 : Recurrent upper abdominal pain s current episode started yesterday. pain is more serious after a meal. especially when she takes spicy foods. Does not smoke, no alcohol
Not hypertensive and not diabetic and does not have any other medial condition in the past.
Duration:

Vitals: Temp : 37.3 Bp :93 Pulse :61 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,R50.9 - Fever, unspecified, **Date of Onset :**28/39/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS,0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 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