Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MITUL ASHOK KUMAR**	**Service Date**	**:29-Jun-2024**	**Network**	**:** Green
Card No	**: I017-029-118862955-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: MITUL ASHOK KUMAR**	**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	**: 20-Jan-1992**				
Patient's Tel No	**: 0523369228**				

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: Headache, located at the frontal region and sometimes at the temporal region. Duration: 2 days (27/06/2024). There is mild associated pain in throat and nausea, but no fever. **Duration:**

Vitals: Temp : 37.2 Bp :134 Pulse :73 Resp :18

Clinical Findings:

Diagnosis: J01.10 - Acute frontal sinusitis, unspecified,J02.9 - Acute pharyngitis, unspecified,R51.9 - Headache, unspecified,R07.0 - Pain in throat, **Date of Onset** :29/36/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,9, Consultation GP **Estimated Cost** :

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 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 :** 29-Jun-2024

Signature : **Date** : 29-Jun-2024