

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	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
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																		

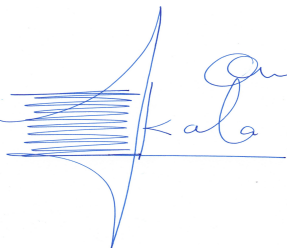
☐ Acute☐ Pre-existing and chronic☐ Maternity

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, Estimated Cost :
Consultation GP
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}

29-Jun-2024

Signature :

Date : 29-Jun-2024