

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MUHAMMAD YASIN
MUHAMMAD BASHIR
Card No : I017-029-115434050-02
Policy Holder : MUHAMMAD YASIN
MUHAMMAD BASHIR

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 10-May-1977
Patient's Tel No : 0556858700

Service Date : 01-Jul-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Enomen Goodluck

Network : Green
Direct Access SP - YES

Co-Insurance	CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : Fever for the past 2 days cough and generalized body pains and headache. **Duration:** There is also pain in the lower limbs and lower back. Not hypertensive and not diabetic and has no other past medical condition. Systemic review not contributory. Does not smoke and does not take alcohol

Vitals:

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J20.9 - Acute bronchitis, unspecified,K29.00 - Acute gastritis without bleeding,R50.9 - Fever, unspecified,R52 - Pain, unspecified, **Date of Onset** :01/22/2024

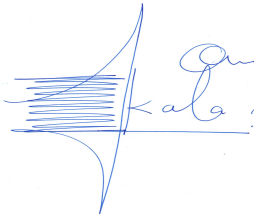
Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,0005-242802-0781, PANTONIX 40MG I.V.,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated : Cost**

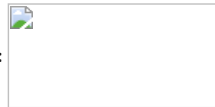
Prescriptions: 0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 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 : 

Signature :  Date : 01-Jul-2024

Patient 's signature{Parent : if minor}  01-Jul-2024