

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: John Viannie Kajoba	Service Date	:03-Jul-2024	Network	: Green														
Card No	: I017-029-114165333-02	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP	- YES														
Policy Holder	: John Viannie Kajoba	Doctor's Name	:Humaira																
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	: 05-Jul-1992																		
Patient's Tel No	: 0522262866																		

☐ Acute☐ Pre-existing and chronic☐ Maternity

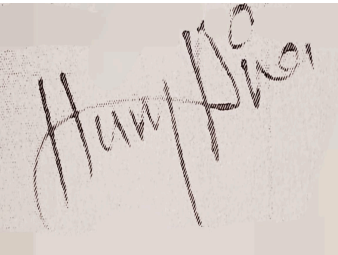
Chief Complaints : co fever bodyache 30 june 2024 oe enlarge and inflamed tonsills chest is clear no added sounds restlessDuration:Vitals:Temp : 39.5 Bp :120 Pulse :95 Resp :18Clinical Findings:Diagnosis: R50.9 - Fever, unspecified,J03.90 - Acute tonsillitis, unspecified,R52 - Pain, unspecified,Date of Onset :03/37/2024Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85652, SEDIMENTATION RATE RBC AUTOMATED,86140, C REACTIVE PROTEIN,2190-106618-1001, PARAFUSIV,0005-149902-1021, CLOFEN ,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,0095-149911-1021, OLFEN,0195-107704-0801, CEFTRIAXONE-TABUK IV,2040-106618-1001, PARACETAMOL S.A.L.F (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSIONEstimated : CostPrescriptions: 0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0195-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0333-143602-1171 - (CEFUROXIME : 500 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,Estimated : CostMEDICAL 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 : HumairaStamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

03-Jul-2024

Signature :Date : 03-Jul-2024