

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Sudesh Singh Lal Chand

Card No : I017-029-116125968-02

Policy Holder : Sudesh Singh Lal Chand

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 : 12-Aug-1968

Patient's Tel No : 502417416

Service Date : 05-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

Chief Complaints : For routine check up. He is a known diabetic and hypercholesterolemic patient. But not hypertensive.

Duration:

Vitals:Temp : 36.3 Bp :132 Pulse :87 Resp :18

Clinical Findings:

Diagnosis: E11.9 - Type 2 diabetes mellitus without complications,Z79.899 - Other long term (current) drug therapy,

Date of Onset :05/43/2024

Requested Investigations: 83036, HEMOGLOBIN GLYCOSYLATED A1C,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80061, LIPID PANEL,9, Consultation GP,9, Consultation GP,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP

Estimated Cost

Prescriptions:

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 :

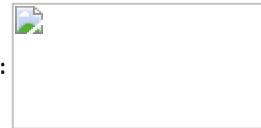
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



Date : 05-Jul-2024

Signature :

Date : 05-Jul-2024