

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : TADIOUS FIKRE GEBREMIKAEL
Card No : I017-029-116122365-02
Policy Holder : TADIOUS FIKRE GEBREMIKAEL
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 : 23-Sep-1991
Patient's Tel No : 0501340747

Service Date : 08-Jul-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Humaira
Co-Insurance :

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

Network : Green
Direct Access SP - YES
Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : co numbness in the both the knees 2nd may 2024 now its increases day by day
 oe reflexes are intact chest is clear no added sounds stable

Vitals: Temp : 36.5 Bp :120 Pulse :60 Resp :18

Clinical Findings:

Diagnosis: M25.569 - Pain in unspecified knee, E55.9 - Vitamin D deficiency, unspecified, E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis,

Date of Onset : 08/17/2024

Requested Investigations: 9, Consultation GP, 86431, RHEUMATOID FACTOR QUANTITATIVE, 84550, URIC ACID BLOOD, 82652, 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED

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 :

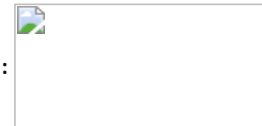
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

Stamp :

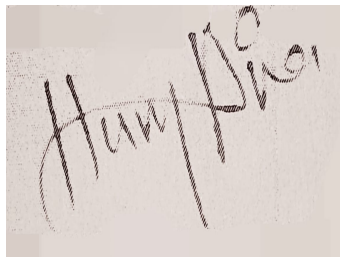
Dr. Humaira Mumtaz
 General Practitioner
 DHA No: 54155530-002
 CITICARE MEDICAL CENTER LLC
 DUBAI - U.A.E.

Patient's signature{Parent if minor} :



Date : 08-Jul-2024

Signature :



Date : 08-Jul-2024