Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: NAVEEN SATI**	**Service Date**	**:09-Jul-2024**
Card No	**: I017-029-120449813-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: NAVEEN SATI**	**Doctor's Name**	**:Humaira**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**
TPA	**: E CARE - Green Network**	**Remarks**	**:**
Validity	**: 01-10-2023** To **30-09-2024**		
Gender	**: Male**		
Date Of Birth	**: 01-Jan-1997**		
Patient's Tel No	**: 0554678620**		

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

Network : Green

Direct Access SP - YES

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : co fever on and off epigastric pain severe 2nd july 2024 oe chest is clear no added sounds restless taking tablet penadol at home **Duration:**

Vitals: Temp : 35.3 Bp :115 Pulse :50 Resp :18

Clinical Findings:

Diagnosis: R10.13 - Epigastric pain,K29.70 - Gastritis, unspecified, without bleeding,R50.9 - Fever, unspecified, **Date of Onset :**09/22/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,86677, ANTIBODY HELICOBACTER PYLORI,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost :**

Prescriptions: 0005-136501-0393 - (HYOSCINE : 10 MG) FILM COATED TABLETS,0188-232401-0393 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,1267-409401-1111 - (MAGNESIUM HYDROXIDE : 400 MG/4.3 ML) (ALUMINIUM OXIDE : 230 MG/4.3 ML) SUSPENSION, **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 : Humaira

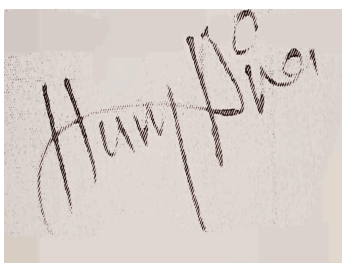
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 09-Jul-2024

Signature :



Date : 09-Jul-2024