Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: AASHIS BK**	**Service Date**	**:10-Jul-2024**	**Network**	**:** Green
Card No	**: I017-029-116125805-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: AASHIS BK**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: 02-Jul-1995**				
Patient's Tel No	**: 0527088293**				

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

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

Chief Complaints : Multiple episodes of vomitng and diarrhea. Duration: today. there is slight fever and body pains. Also stomach pain. **Duration:**

Vitals: Temp : 37.5 Bp :130 Pulse :102 Resp :18

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified,R19.7 - Diarrhea, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :10/37/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 5792-876903-0831 - (GLUCOSE MONOHYDRATE : 2.97 G) (TRISODIUM CITRATE DIHYDRATE : 0.58 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CHLORIDE : 0.52 G) POWDER FOR SOLUTION,0415-200001-1452 - (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN),0067-116604-0391 - (METRONIDAZOLE : 500 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

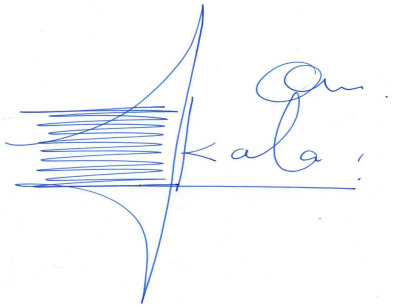
Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 10-Jul-2024

Signature :



Date : 10-Jul-2024