Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE**	**Service Date**	**:11-Jul-2024**
Card No	: **I017-029-118862638-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE**	**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	: **07-Feb-1989**		
Patient's Tel No	: **0568786292**		

Network : Green

Direct Access SP - YES

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 : PC: Cough productive of thick yellow sputum, difficulty breathing, Fever, chest pain and wheezing. Duration: 5days. Also has upper abdominal pain that is worst after a meal and diarrhea. **Duration:**

Vitals: Temp : 37 Bp :106 Pulse :84 Resp :20

Clinical Findings:

Diagnosis: J18.9 - Pneumonia, unspecified organism,J45.21 - Mild intermittent asthma with (acute) exacerbation,R05 - Cough,R50.9 - Fever, unspecified,R53.1 - Weakness,R06.00 - Dyspnea, unspecified,R06.2 - Wheezing, **Date of Onset** :11/26/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,2190-106618-1001, PARAFUSIV,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-402803-2071, VENTOLIN NEBULES,INJ016, INJ-HYDROCORTISONE 250 MG/2ML **Estimated Cost** :

Prescriptions: 0137-242801-0341 - (PANTOPRAZOLE (AS SODIUM) : 20 MG) ENTERIC COATED TABLETS,1204-571401-1161 - (GUAIFENESIN : 100 MG/5ML) (PSEUDOEPHEDRINE HCL : 30 MG/5ML) (TRIPROLIDINE HCL : 1.25 MG/5ML) SYRUP,0188-272102-0791 - (BUDESONIDE : 80MCG/DOSE) (FORMOTEROL FUMARATE : 4.5MCG/DOSE) POWDER FOR INHALATION,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) **Estimated Cost** :

CAPLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0090-265901-1171 - (MONTELUKAST : 10 MG) TABLETS,

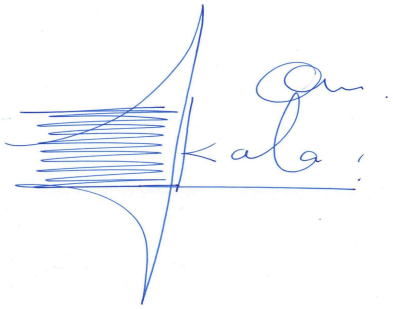
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name : Enomen Goodluck

Stamp :

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

Signature : 

Date : 11-Jul-2024

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.

Patient 's signature{Parent : if minor}

Date : 11-Jul-2024