Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD khurram AZIZ ABDUL AZIZ**	**Service Date**	**:14-Jul-2024**	**Network**	**:** Green
Card No	: **I017-029-119448912-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **MUHAMMAD khurram AZIZ ABDUL AZIZ**	**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	: **15-Jan-1981**				
Patient's Tel No	: **0521678612**				

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 : **Duration :**

Vitals: Temp : 36.7 Bp :110 Pulse :94 Resp :18

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],R51.9 - Headache, unspecified,J39.9 - Disease of upper respiratory tract, unspecified, **Date of Onset** :14/30/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,6307-921402-3851 - (DEXPANTHENOL : 50 MG/ML) (XYLOMETAZOLINE HYDROCHLORIDE : 0.5 MG/ML) NASAL SPRAY,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-123701-0391 - CETIRIZINE HCL, **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 :** 14-Jul-2024

Signature : **Date** : 14-Jul-2024