Administrative

MEDICAL CLAIM FORM

Claim Ref:

Direct Access SP - YES

Patient Name

: SOPHIE MARIE MATON

Card No : 1017-029-119842089-01

Policy

: SOPHIE MARIE MATON Holder

ABU DHABI NATIONAL

Payer : INSURANCE COMPANY-Name

ADNIC

: E CARE - Blue Network **TPA**

Validity : 14-09-2023 To 13-09-2024

: Female Gender

Date Of Birth

: 02-Sep-1992

Patient's

Service

Date

:15-Jul-2024

Network

: Green

Health

Provider Doctor's

:CITICARE MEDICAL CENTER LLC

Name

Co-Insurance

Remarks

:Enomen Goodluck

CONSULTATION LAB/RADIOLOGY PHYSIO PHARMACY P 10% max NIL

MATERNITY DENTAL NIL NIL LIMIT ||NIL ||10%

NA

: 0521793318 Tel No ☐ Acute ☐ Pre-existing and chronic ☐ Maternity Chief Complaints: For repeat scan today. Last scan was inconclusive. Complaining of nausea **Duration:** USS report: A singleton, viable, intrauterine pregnancy, at 8weeks, 6days. Uterus is retroverted with a leomyoma in the aterior myometrium. Cervical OS is closed. The adnexae is normal. Vitals:Temp: 37.1 Bp:121 Pulse:79 Resp:20 Clinical Findings: :15/04/2024 Diagnosis: Z3A.08 - 8 weeks gestation of pregnancy,R11.0 - Nausea, **Date of Onset** Requested Investigations: 9, Consultation GP,76812, Ultrasound, pregnant uterus, real time with Estimated: image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, Cost transabdominal approach; each additional gestation (List separately in addition to code for primary procedure),9, Consultation GP **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

: 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}

15-Date: Jul-2024

Signature:

Date : 15-Jul-2024