Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **HANNAH WAIRIMU WAMBUI**	**Service Date**	**:15-Jul-2024**
Card No	: **I017-029-120798579-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **HANNAH WAIRIMU WAMBUI**	**Doctor's Name**	**:Enomen Goodluck**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **09-05-2024** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **22-Aug-1993**		
Patient's Tel No	: **0524589639**		

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 : Coughing since 3days, Fever since 2days. There is associated pain in throat, nausea and upper abdominal pain with excessive gases, but there is no change in bowel habit. **Duration:**

Vitals: Temp : 37.5 Bp :116 Pulse :66 Resp :20

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,K29.00 - Acute gastritis without bleeding,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,J20.9 - Acute bronchitis, unspecified,R06.00 - Dyspnea, unspecified, **Date of Onset** :15/09/2024

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,INJ016, INJ-HYDROCORTISONE 250 MG/2ML,82947, GLUCOSE,9, Consultation GP **Estimated Cost** :

Prescriptions: 0090-265901-1171 - (MONTELUKAST : 10 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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.

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 : 15-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 : 15-Jul-2024