

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

HANNAH WAIRIMU WAMBUI

Card No

: I017-029-120798579-01

Policy Holder

: HANNAH WAIRIMU WAMBUI

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 09-05-2024 To 30-09-2024

Gender

: Male

Date Of Birth

: 22-Aug-1993

Patient's Tel No

: 0524589639

Service Date

:15-Jul-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Network

: Green

Direct Access SP

- YES

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

Remarks

:

☐ 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.

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, CEFTRIAZONE-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.

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.

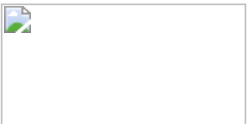
Signature :



Date

: 15-Jul-2024

Patient 's signature{Parent : if minor}



Date

: Jul-2024