

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: John Viannie Kajoba

Card No

: I017-029-114165333-02

Policy Holder

: John Viannie Kajoba

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 05-Jul-1992

Patient's Tel No

: 0522262866

Service Date

:17-Jul-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

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

Network

: Green

Direct Access SP - YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: Epigastric and upper abdominal pain that radiates to the central back. There is associated weakness and nausea but has not vomited. Duration: 3days.

Vitals

:Temp : 36.9 Bp :126 Pulse :80 Resp :18

Clinical Findings:

Diagnosis:

K29.00 - Acute gastritis without bleeding,K85.01 - Idiopathic acute pancreatitis with uninfected necrosis,R10.13 - Epigastric pain,

Requested Investigations:

9, Consultation GP

Prescriptions:

0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,

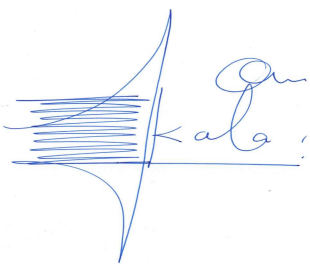
MEDICAL PRACTITIONER DECLARATION :

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

Signature



Stamp

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Date

: 17-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

: 17-Jul-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=49957&patId=24883

1/1