Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN DAVEED	**Service Date**	:18-Jul-2024
Card No	: I017-029-116524270-02	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: DAVEED FRANCIS THEKKEVILATHARAYIL VALIYAMALIL JOHN DAVEED	**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	: 01-Jun-1961		
Patient's Tel No	: 0507647201		

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 : Chest pain, Duration: 5days. Associated Muscle twitches and spasm, on the chest. Known hypertensive, diabetic and hypercholesterolemia **Duration:**

Vitals: Temp : 36.6 Bp :140 Pulse :68 Resp :22

Clinical Findings:

Diagnosis: E78.5 - Hyperlipidemia, unspecified,I10 - Essential (primary) hypertension,E11.65 - Type 2 diabetes mellitus with hyperglycemia,R07.9 - Chest pain, unspecified, **Date of Onset** :18/54/2024

Requested Investigations: 80061, LIPID PANEL,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,83036, HEMOGLOBIN GLYCOSYLATED A1C,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,9, Consultation GP **Estimated Cost** :

Prescriptions: 0444-348905-0971 - (CHOLECALCIFEROL : 10000 IU) SOFT GELATIN CAPSULES, **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** : 18-Jul-2024

Signature : **Date** : 18-Jul-2024