Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **TADIOUS FIKRE GEBREMIKAEL**	**Service Date**	**:22-Jul-2024**
Card No	: **I017-029-116122365-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **TADIOUS FIKRE GEBREMIKAEL**	**Doctor's Name**	**:Humaira**
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	: **23-Sep-1991**		
Patient's Tel No	: **0501340747**		

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 : co numbness in the both the knees 2nd may 2024 now its increases day by day oe reflexes are in tact chest is clear no addded sounds restless chest is clear no added sounds stable chest is clear no added sounds stable chest is clear no added sounds stable **Duration:**

Vitals: Temp : 36.7 Bp :124 Pulse :52 Resp :18

Clinical Findings:

Diagnosis: M25.569 - Pain in unspecified knee,E55.9 - Vitamin D deficiency, unspecified,E79.0 - Hyperuricemia w/o signs of inflam arthrit and tophaceous dis, **Date of Onset** :22/24/2024

Requested Investigations: 9, Consultation GP,86431, RHEUMATOID FACTOR QUANTITATIVE,84550, URIC ACID BLOOD,82652, 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED,82306, VITAMIN D, SERUM,82306, 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED,9, Consultation GP **Estimated Cost** :

Prescriptions: **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.

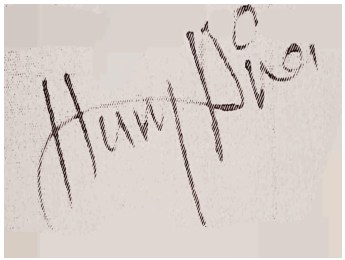
PATIENT'S DECLARATION :

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 : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 22-Jul-2024

Signature :  **Date** : 22-Jul-2024