

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: SWAROOP KORTI

Card No

: I017-029-120763030-01

Policy Holder

: SWAROOP KORTI

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

: 17-Jun-2000

Patient's Tel No

: 0589418984

Service Date

:24-Jul-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Remarks

:

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

: PC: EAR PAIN 1 DAY FEVER 1 DAY COLD SORETHROAT 1 DAY HEADACHE

Duration :

Vitals

:Temp : 37.8 Bp :122 Pulse :81 Resp :18

Clinical Findings:

Diagnosis: A75.9 - Typhus fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R52 - Pain, unspecified,

Date of Onset :24/12/2024

Requested Investigations:

0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0005-149902-1021, CLOFEN ,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,85009, BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT,86140, C REACTIVE PROTEIN,87040, CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,9, Consultation GP

Estimated : Cost

Prescriptions:

0355-171701-0241 - (BENZOCAINE : N/A) (PHENAZONE : N/A) EAR DROPS,0005-938301-3381 - (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET,0195-123701-0391 - CETIRIZINE HCL,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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

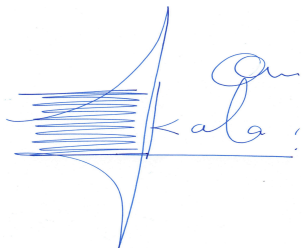
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

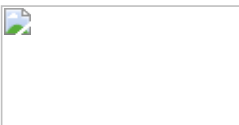


Date : 24-Jul-2024

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 : Jul-2024