

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MAZHAR HANIF
Card No : I017-029-114504364-02
Policy Holder : MAZHAR HANIF
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 : 07-Oct-1987
Patient's Tel No : 0551120684

Service Date : 24-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 : Constipation with hard stool for the past 3weeks. Moves bowel on the average of two times per week as against his premorbid state of daily. There is no abdominal distension Also has itchy anus

Duration:

Vitals:Temp : 36.6 Bp :100 Pulse :62 Resp :18

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding, K59.00 - Constipation, unspecified, B83.9 - Helminthiasis, unspecified,

Date of Onset : 24/49/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0005-109801-1171 - (ALBENDAZOLE : 200 MG) TABLETS, 0444-640412-0971 - (VITAMIN D3 (CHOLECALCIFEROL) : 50000 IU) SOFT GELATIN CAPSULES, 0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS, 0248-170802-1161 - (LACTULOSE : 65%) SYRUP, 0042-133702-1171 - (BISACODYL : 5 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.

PATIENT'S DECLARATION :

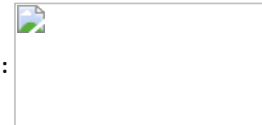
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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 : Jul-2024

Signature :



Date : 24-Jul-2024