Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MAZHAR HANIF MUHAMMAD HANIF**	**Service Date**	**:24-Jul-2024**
Card No	: **I017-029-114504364-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **MAZHAR HANIF MUHAMMAD HANIF**	**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	: **07-Oct-1987**		
Patient's Tel No	: **0551120684**		

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 : 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

Estimated Cost :

Requested Investigations: 9, Consultation GP

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** : 24-Jul-2024

Signature : **Date** : 24-Jul-2024