Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **KHARAK SINGH KISHAN SINGH**	**Service Date**	**:24-Jul-2024**
Card No	: **I017-029-119076401-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **KHARAK SINGH KISHAN SINGH**	**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	: **15-Jul-1998**		
Patient's Tel No	: **0569469783**		

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: Generalized body pains, Fever. Headaches and pain in throat. But there is no cough. Duration: 2days. **Duration:**

Vitals: Temp : 36.6 Bp :112 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, unspecified,M79.10 - Myalgia, unspecified site,R50.9 - Fever, unspecified, **Date of Onset** :24/11/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED 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

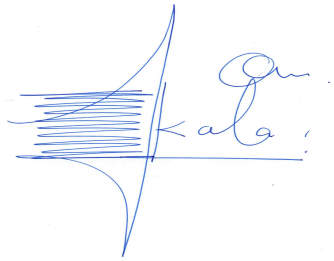
Stamp :

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