Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: JANE NANDIWAYA**	**Service Date**	**:24-Jul-2024**
Card No	**: I017-029-117428434-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: JANE NANDIWAYA**	**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	**: Female**		
Date Of Birth	**: 21-Feb-1994**		
Patient's Tel No	**: 0526210336**		

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 : Whitish vaginal discharge, associated fowl smelling odour. Also has itchy. Duration: one month. **Duration:**

Vitals: Temp : 36.6 Bp :128 Pulse :56 Resp :18

Clinical Findings:

Diagnosis: N77.1 - Vaginitis, vulvitis and vulvovaginitis in dis classd elswhr,N39.0 - Urinary tract infection, site not specified,B37.3 - Candidiasis of vulva and vagina, **Date of Onset** :24/35/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 4794-140503-1241 - (CLOTRIMAZOLE : 500 MG) VAGINAL TABLETS,0248-140201-0061 - (FLUCONAZOLE : 150 MG) CAPSULES,0067-116604-0391 - (METRONIDAZOLE : 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