

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : BIJAYA ADHIKARI
SHANKHAR ADHIKARI
Card No : I017-029-116896784-02
Policy Holder : BIJAYA ADHIKARI
SHANKHAR ADHIKARI
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Female
Date Of Birth : 26-Oct-1981
Patient's Tel No : 0555820611

Service Date : 25-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
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Chief Complaints : Cough, fever, cough and pain in throat Duration :

Vitals:Temp : 37.1 Bp :102 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, Date of Onset :25/05/2024
unspecified,

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0078-148701-1171 - (LORATADINE : 10 MG) TABLETS,0069-108001-0111 - (IBUPROFEN : 200 MG) (PSEUDOEPHEDRINE : 30 MG) COATED TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE), 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.
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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 : 25-Jul-2024