

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT

Card No

: I017-029-116280018-02

Policy Holder

: ASHRAF HASSAN HUSSEIN ELGHAMRY ABOUELGHIT

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

: 24-Jul-1985

Patient's Tel No

: 0547446008

Service Date

: 28-Jul-2024

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: Enomen Goodluck

Co-Insurance

Network

: Green

Direct Access SP

: YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: FOLLOW UP WITH LABS

Duration

:

Vitals

: Temp : 36.5 Bp :115 Pulse :86 Resp :18

Clinical Findings

:

Diagnosis

: M17.9 - Osteoarthritis of knee, unspecified,

Date of Onset

: 28/15/2024

Requested Investigations

: 9.01, Follow Up Consultation GP,86431, RHEUMATOID FACTOR QUANTITATIVE

Estimated Cost

:

Prescriptions

:

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.

Dr's Name

: Enomen Goodluck

Stamp

:

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature

:



Date

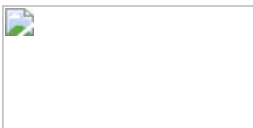
: 28-Jul-2024

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.

Patient 's signature{Parent : if minor}

:



Date

: Jul-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=50257&patId=24815

1/1