Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: HOUDA MACHKOR**	**Service Date**	**:02-Aug-2024**	**Network**	**:** Green
Card No	**: I017-029-120784799-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: HOUDA MACHKOR**	**Doctor's Name**	**:Humaira**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**		
TPA	**: E CARE - Green Network**	**Remarks**	**:**		
Validity	**: 23-04-2024** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 30-Jan-1992**				
Patient's Tel No	**: 0544750362**				

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 : co headache dizziness palpitation tremors in the hand may 2024 oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37.4 Bp :112 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: R51.9 - Headache, unspecified,R42 - Dizziness and giddiness, **Date of Onset** **:**02/20/2024

Requested Investigations: 84436, THYROXINE TOTAL,84443, THYROID STIMULATING HORMONE TSH,84479, THYROID HORM UPTK/THYROID HORMONE BINDING RATIO,0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** **:**

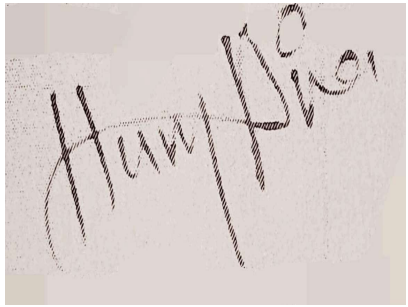
Prescriptions: 0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, **Estimated Cost:**

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	: Humaira	**Stamp :**	Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	**Patient 's signature{Parent : if minor}**		**Date :**	02-Aug-2024
Signature :		**Date**	: 02-Aug-2024				