

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: SATVIR DASS	Service Date	:03-Aug-2024	Network	: Green														
Card No	: I017-029-114451195-02	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP - YES															
Policy Holder	: SATVIR DASS	Doctor's Name	:Enomen Goodluck																
Payer Name	ABU DHABI NATIONAL : INSURANCE COMPANY-ADNIC	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	: E CARE - Green Network	Remarks	:																
Validity	: 01-10-2023 To 30-09-2024																		
Gender	: Male																		
Date Of Birth	: 01-Apr-1994																		
Patient's Tel No	: 0509019956																		

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: Fever and generalized body pains since yesterday. Duration: 2 days

Duration :

Vitals:Temp : 37.9 Bp :100 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R52 - Pain, unspecified,

Date of Onset :03/57/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated : Cost

Prescriptions: 0005-116801-1162 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,0097-127405-0392 Cost

- (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,

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}

03-Aug-2024

Signature :

Date : 03-Aug-2024