Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ANITA CHANDRAKANT DANGE CHANDRAKANT GANPAT DANGE**	**Service Date**	**:05-Aug-2024**	**Network**	: Green
Card No	: **I017-029-115579667-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **ANITA CHANDRAKANT DANGE CHANDRAKANT GANPAT DANGE**	**Doctor's Name**	**:Humaira**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-10-2023** To **30-10-2024**				
Gender	: **Female**				
Date Of Birth	: **07-Jun-1991**				
Patient's Tel No	: **522833163**				

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 bodyache throat pain back pain running nose dehydration 2nd august 2024 oe enlarge tonsills chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.8 Bp :90 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R52 - Pain, unspecified,E86.0 - Dehydration, **Date of Onset** :05/05/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0102-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION,0250-125808-1741 - (POVIDONE IODINE : 1%) GARGLE,0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,0195-123701-0391 - (CETIRIZINE HCL : 10 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.

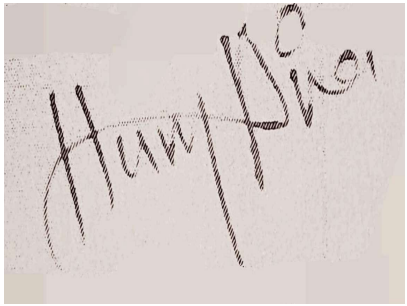
Dr's Name : Humaira

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 : 05-Aug-2024

Signature : 

Date : 05-Aug-2024