

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: DHAN KUMAR GURUNG

Card No

: I017-029-120988564-01

Policy Holder

: DHAN KUMAR GURUNG

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

: 02-Jan-1998

Patient's Tel No

: 0508678168

Service Date

:08-Aug-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

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 : PC: EYE REDNESS CONJUNCTIVITIS

Duration :

Vitals:Temp : 36.1 Bp :103 Pulse :55 Resp :18

Clinical Findings:

Diagnosis: H10.12 - Acute atopic conjunctivitis, left eye,

Date of Onset : 08/27/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0195-123701-0391 - CETIRIZINE HCL,0049-113202-0371 - (BRIMONIDINE TARTRATE : 0.15%) EYE DROPS,

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

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

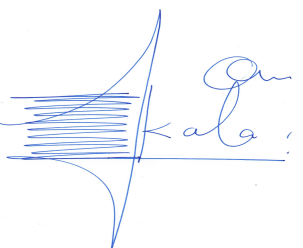
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :



Date

: 08-Aug-2024

Patient 's signature{Parent : if minor}



08-Aug-2024