

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: GRETCHEN CAPANGPANGAN PACARAT

Card No

: I017-029-116280045-02

Policy Holder

: GRETCHEN CAPANGPANGAN PACARAT

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Female

Date Of Birth

: 22-Dec-1985

Patient's Tel No

: 0582657961

Service Date

: 08-Aug-2024

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: AHSAN HUSSAIN

Co-Insurance

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

Network

: Green

Direct Access SP - YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: FEVER SORETHROAT COUGH BODY PAIN

Duration

:

Vitals

:Temp : 37 Bp :106 Pulse :62 Resp :18

Clinical Findings:

Diagnosis

: J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],M62.81 - Muscle weakness (generalized),

Date of Onset

: 08/09/2024

Requested Investigations

: 0195-107704-0802, CEFTRIAXONE-TABUK IM,2040-106618-1001, PARACETAMOL S.A.L.F (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-174202-0781, RISEK 40MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85651, SEDIMENTATION RATE RBC NON AUTOMATED,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated Cost

:

Prescriptions

: 7512-014201-1161 - (ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP,0195-123701-0391 - CETIRIZINE HCL,0005-938301-3381 - (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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.

Dr's Name

: AHSAN HUSSAIN

Stamp

:

Signature

:

Date

: 08-Aug-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

: Aug-2024

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=50562&patld=38021

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