Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **KHARAK SINGH KISHAN SINGH**	**Service Date**	:**08-Aug-2024**	**Network**	: Green
Card No	: **I017-029-119076401-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **KHARAK SINGH KISHAN SINGH**	**Doctor's Name**	:**Enomen Goodluck**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **01-10-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **15-Jul-1998**				
Patient's Tel No	: **0569469783**				

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: CONJUCTIVITIS **Duration :**

Vitals: Temp : 36.5 Bp :100 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: H10.12 - Acute atopic conjunctivitis, left eye,M62.81 - Muscle weakness (generalized),R50.9 - Fever, unspecified,R52 - Pain, unspecified, **Date of Onset** :08/09/2024

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0085-125903-0372 - (MOXIFLOXACIN (AS HCL) : 0.5%) EYE DROPS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-123701-0391 - CETIRIZINE HCL, **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.

Patient 's signature{Parent if minor} : **Date :** 08-Aug-2024

Signature : **Date** : 08-Aug-2024