

Administrative

Patient Name : KHARAK SINGH KISHAN SINGH

Card No : I017-029-119076401-01

Policy Holder : KHARAK SINGH KISHAN SINGH

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 : 15-Jul-1998

Patient's Tel No : 0569469783

Service Date : 08-Aug-2024

Health Provider : CITICARE MEDICAL CENTER LLC

Doctor's Name : Enomen Goodluck

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: CONJUNCTIVITIS

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- Cost (CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated :

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.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

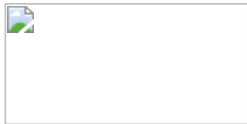
Signature :

Date : 08-Aug-2024

PATIENT'S 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.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=50564&patId=41741

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