

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NADEEM AHMAD SALIM KHAN

Card No : I011-029-119557476-02

Policy Holder : NADEEM AHMAD SALIM KHAN

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 19-06-2024 To 18-06-2025

Gender : Male

Date Of Birth : 20-Feb-1983

Patient's Tel No : 0554951623

Service Date :10-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: pain and redness of the right eye Duration: 2 days associated itching. Duration :

Vitals:Temp : 36.5 Bp :130 Pulse :89 Resp :18

Clinical Findings:

Diagnosis: B30.8 - Other viral conjunctivitis,H10.11 - Acute atopic conjunctivitis, right eye,L29.8 - Other pruritus, Date of Onset:10/29/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0696-148701-1172 - (LORATADINE : 10 MG) TABLETS,0085-232201-0371 - (NEPAFENAC : 0.1%) 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.

Dr's Name : Enomen Goodluck

Stamp :

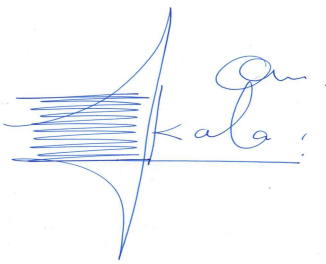
Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 10-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=50621&patld=49907

1/1