## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | | | |
|---|---|---|---|---|---|
| **Patient Name** | : **MANISHA ANJALI SENANAYAKA GAMAGE** | **Service Date** | **:21-Aug-2024** | **Network** | : Green |
| **Card No** | : **I017-029-118993192-01** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** | | **Direct Access SP - YES** |
| **Policy Holder** | : **MANISHA ANJALI SENANAYAKA GAMAGE** | **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** | : **Female** | | | | |
| **Date Of Birth** | : **01-Sep-1997** | | | | |
| **Patient's Tel No** | : **0525455742** | | | | |

| 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: High grade fever, headache, pain in throat There is no cough Duration is 2days. There is no other systemic complaint. She is not hypertensive and not diabetic.
Temperature in clinic 38.7 **Duration:**

**Vitals:**Temp : 38 Bp :124 Pulse :116 Resp :20

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site,R51.9 - Headache, unspecified, **Date of Onset** :21/39/2024

**Requested Investigations:** 96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

**Prescriptions:** 0349-106203-1171 - (MULTIVITAMINS : 30 MG) (MINERALS : 30 MG) TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0696-148701-1172 - (LORATADINE : 10 MG) TABLETS,0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS, **Estimated Cost** :

**MEDICAL PRACTITIONER DECLARATION :**

**PATIENT'S 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.

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

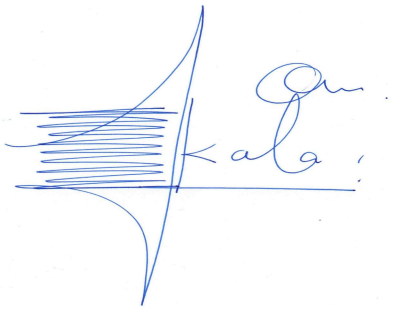
**Stamp :**

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 :** 21-Aug-2024

**Signature :**



**Date** : 21-Aug-2024