Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: JAYA RATAN KAMBLE**	**Service Date**	**:24-Aug-2024**	**Network**	**: Green**
Card No	**: I017-029-120106903-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: JAYA RATAN KAMBLE**	**Doctor's Name**	**:AHSAN HUSSAIN**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	**: E CARE - Green Network**	**Remarks**	:		
Validity	**: 18-11-2023** To **30-09-2024**				
Gender	**: Female**				
Date Of Birth	**: 12-May-1984**				
Patient's Tel No	**: 0509398753**				

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: FEVER BODY ACHES FLU **Duration :**

Vitals: Temp : 39 Bp :104 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R51.9 - Headache, unspecified,R10.13 - Epigastric pain, **Date of Onset** :24/02/2024

Requested Investigations: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-174202-0781, RISEK 40MG,0005-149902-1021, CLOFEN ,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 7512-014001-1161 - (ADHATODA VASICA : 40MG/10ML) (OCIMUM SANCTUM : 32 MG/10ML) (SOLANUM XANTHOCARPUM : 32 MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 20 MG/10ML) (VIDANG (EMBELIA RIBES) : 20 MG/10ML) (PISTACIA INTEGERRIMA : 20 MG/10ML) (HEDYCHIUM SPICATUM : 12 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 8 MG/10ML) (PIPER LONGUM : 8 MG/10ML) SYRUP,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,0195-123701-0391 - CETIRIZINE HCL, **Estimated Cost :**

MEDICAL PRACTITIONER DECLARATION :

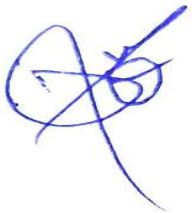
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : AHSAN HUSSAIN **Stamp :** 

Patient 's signature{Parent if minor} :  **Date :** 24-Aug-2024

Signature :  **Date** : 24-Aug-2024