## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|
| **Patient Name** | **: ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON** | **Service Date** | **:26-Aug-2024** |
| **Card No** | **: I017-029-118774237-01** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | **: ANTON SITHUM CHATHURANGA JAYAMAHA MUDALIGE DON** | **Doctor's Name** | **:Humaira** |
| **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** | **: 27-Jun-2000** | | |
| **Patient's Tel No** | **: 0524799560** | | |

**Network** : Green

**Direct Access SP - YES**

| 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 :** co fever dry cough running nose 201st august 2024 oe enlarge tonsills chest is **Duration:** congested no addded sounds restless smoker alcohal

**Vitals:**Temp : 39 Bp :108 Pulse :90 Resp :18

**Clinical Findings:**

**Diagnosis:** R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding, **Date of Onset** :26/24/2024

**Requested Investigations:** 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT **Estimated Cost** :

**Prescriptions:** 0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, **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.

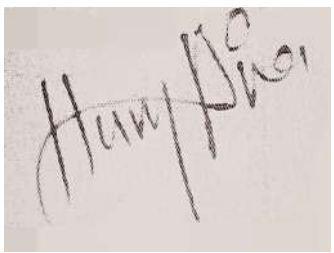
**Dr's Name** : Humaira

**Stamp :**


**Patient 's signature{Parent : if minor}**

**Date :** 26-Aug-2024

**Signature :**



**Date** : 26-Aug-2024