Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE	**Service Date**	:27-Aug-2024	**Network**	: Green
Card No	: I017-029-118862638-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC	**Direct Access SP - YES**	
Policy Holder	: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE	**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	: Male				
Date Of Birth	: 07-Feb-1989				
Patient's Tel No	: 0568786292				

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 : Severe neck pain, and inability to turn sideways. Said to have noted after waking from sleep this morning. Also complaining of upper abdominal pain Has multiple histories of acute gastritis. Also complaining of cough, nasal congestion and runny nose **Duration:**

Vitals: Temp : 36.8 Bp :113 Pulse :56 Resp :20

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R09.81 - Nasal congestion,K21.9 - Gastro-esophageal reflux disease without esophagitis,R10.13 - Epigastric pain,M43.6 - Torticollis, **Date of Onset** :27/08/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-2401 - (DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED 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 : 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 :** 27-Aug-2024

Signature : **Date** : 27-Aug-2024