

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

CHATHURA SALINGA  
: WIJAYAKUMARA RAJAPAKSA PEDIGE

Card No

: I017-029-118862638-01

Policy Holder

CHATHURA SALINGA  
: WIJAYAKUMARA RAJAPAKSA PEDIGE

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 07-Feb-1989

Patient's Tel No

: 0568786292

Service Date

:27-Aug-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Network

: Green

Direct Access SP

: YES

|              |               |        |           |     |           |        |
|--------------|---------------|--------|-----------|-----|-----------|--------|
| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY  | IP  | MATERNITY | DENTAL |
| 10% max      | NIL           | NIL    | NIL LIMIT | NIL | 10%       | NA     |

Remarks

:

☐ 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

Requested Investigations: 9, Consultation GP

Estimated Cost :

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,

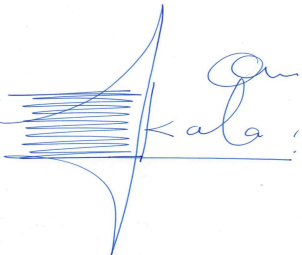
Estimated : Cost

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.

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 : 27-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}



27-Aug-2024

https://irhamc.visionsoftwares.ae/mr\_ecare\_claim\_print.aspx?appld=52100&patId=38809

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