Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ABHILASH THAKUR PREM CHAND THAKUR**	**Service Date**	**:04-Sep-2024**	**Network**	: Green
Card No	: **I017-029-120176778-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **ABHILASH THAKUR PREM CHAND THAKUR**	**Doctor's Name**	**:AHSAN HUSSAIN**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **08-12-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **26-Nov-1992**				
Patient's Tel No	: **0561077542**				

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 fungal infection **Duration :**

Vitals: Temp : 38.3 Bp :95 Pulse :110 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,M54.5 - Low back pain,R21 - Rash and other nonspecific skin eruption, **Date of Onset :**04/16/2024

Requested Investigations: 9, Consultation GP,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost :**

Prescriptions: 0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM,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 :

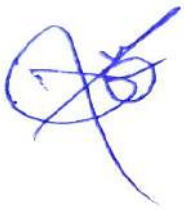
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : AHSAN HUSSAIN **Stamp :**

Patient 's signature{Parent : if minor}

Date : 04-Sep-2024

Signature :



Date : 04-Sep-2024