

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: MAJEED MASIH SARDAR MASIH

Card No

: I017-029-116125749-02

Policy Holder

: MAJEED MASIH SARDAR MASIH

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

: 03-Jan-1966

Patient's Tel No

: 0505140326

Service Date

:04-Sep-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:AHSAN HUSSAIN

Co-Insurance

Remarks

:

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 : PC: DIABETIC ONLY TO RE FILL MEDICATION PAIN IN SHOULDER

Duration :

Vitals:Temp : 36.4 Bp :130 Pulse :65 Resp :18

Clinical Findings:

Diagnosis: E08.319 - Diab due to undrl cond w unsp diab rtnop w/o macular edema,M25.512 - Pain in left shoulder,

Date of Onset

:05/10/2024

Requested Investigations: 9, Consultation GP

Estimated Cost

:

Prescriptions: 0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0090-204901-0391 - (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 1000 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

: AHSAN HUSSAIN

Stamp :

Dr. Ahsan Hussain  
General Practitioner  
DHA No: 87543658-001  
CITICARE MEDICAL CENTER LLC  
DUBAI - U.A.E.

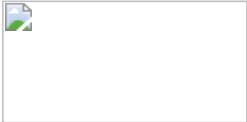
Signature :



Date

: 05-Sep-2024

Patient 's signature{Parent : if minor}



Date

: Sep-2024