## Administrative MEDICAL CLAIM FORM Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **THARUKA NILSHANI DEVASURENDRA** | **Service Date** | **:06-Sep-2024** |
| **Card No** | : **I017-029-120835107-01** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **THARUKA NILSHANI DEVASURENDRA** | **Doctor's Name** | **:AHSAN HUSSAIN** |
| **Payer Name** | : **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Green Network** | **Remarks** | : |
| **Validity** | : **22-05-2024** To **30-09-2024** | | |
| **Gender** | : **Female** | | |
| **Date Of Birth** | : **06-Aug-1990** | | |
| **Patient's Tel No** | : **0569414971** | | |

**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: fever : RUNNY NOSE COLD N FLU CONGESTION SORETHROAT **Duration :**

**Vitals:**Temp : 37 Bp :148 Pulse :98 Resp :18

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R51.9 - Headache, unspecified,J30.9 - Allergic rhinitis, unspecified, **Date of Onset** :06/14/2024

**Requested Investigations:** 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-174202-0781, RISEK 40MG,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP **Estimated Cost** :

**Prescriptions:** **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** : AHSAN HUSSAIN

**Stamp :**

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

**Signature :**

**Date** : 06-Sep-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}** :

**Date :** 06-Sep-2024