Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SAJAWAL ALI GHULAM RASOOL**	**Service Date**	**:07-Sep-2024**	**Network**	: Green
Card No	: **I017-029-117511033-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **SAJAWAL ALI GHULAM RASOOL**	**Doctor's Name**	**:AHSAN HUSSAIN**		
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	: **14-Jan-1994**				
Patient's Tel No	: **0559916801**				

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: BODY PAIN COUGH FLU FEVER EPIGASTRIC PAIN KNOWN ASTHMATIC **Duration :**

Vitals: Temp : 36.6 Bp :118 Pulse :99 Resp :18

Clinical Findings:

Diagnosis: J45.31 - Mild persistent asthma with (acute) exacerbation,J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R10.13 - Epigastric pain, **Date of Onset** :07/00/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 7512-014201-1161 - (ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP,0195-123701-0391 - CETIRIZINE HCL,0005-938301-3381 - (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,6640-013701-1391 - (ALBUTEROL : 90 MCG) (BUDESONIDE : 80 MCG) AEROSOL INHALER, **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

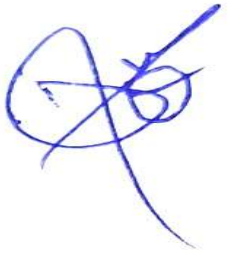
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 07-Sep-2024

Signature :



Date : 07-Sep-2024