Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Service Date**	**:08-Sep-2024**
Card No	: **I017-029-119959937-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Doctor's Name**	**:AHSAN HUSSAIN**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **09-10-2023** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **05-Mar-2002**		
Patient's Tel No	: **971528501605**		

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 HEADACHE **Duration :**

Vitals: Temp : 37 Bp :131 Pulse :82 Resp :0

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R51.9 - Headache, unspecified,R42 - Dizziness and giddiness, **Date of Onset :**08/42/2024

Requested Investigations: 2040-106618-1001, PARACETAMOL S.A.L.F (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost :**

Prescriptions: 1217-373201-2401 - TOLPERISONE HCL,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS, **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 : 08-Sep-2024

Signature :

Date : 08-Sep-2024