

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: ABHISHEK KUMAR VINAY KUMAR SINGH

Card No

: I017-029-119959937-01

Policy Holder

: ABHISHEK KUMAR VINAY KUMAR SINGH

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 09-10-2023 To 30-09-2024

Gender

: Male

Date Of Birth

: 05-Mar-2002

Patient's Tel No

: 971528501605

Service Date

: 08-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: 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.

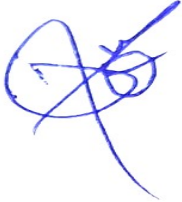
Dr's Name

: AHSAN HUSSAIN

Stamp :

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

Signature :



Date :

08-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 :

08-Sep-2024