Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: RAM AVTAR KASHMIRI LAL**	**Service Date**	**:12-Sep-2024**	**Network**	**:** Green
Card No	**: I017-029-116122155-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: RAM AVTAR KASHMIRI LAL**	**Doctor's Name**	**:Enomen Goodluck**		
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	**: 01-Jan-1982**				
Patient's Tel No	**: 521885360**				

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: throat pain, flu symptoms, cough, chest pain, difficulty breathing and upper abdominal pain with noisy and gaseous abdomen Duration: 3days. Associated with nocturnal fever. Recurrent and long history of gastritis **Duration:**

Vitals: Temp : 37 Bp :137 Pulse :54 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J20.9 - Acute bronchitis, unspecified,K29.00 - Acute gastritis without bleeding,R50.9 - Fever, unspecified,R06.00 - Dyspnea, unspecified,R09.81 - Nasal congestion,E78.5 - Hyperlipidemia, unspecified, **Date of Onset** :12/36/2024

Requested Investigations: 86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80061, LIPID PANEL,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0005-149902-1021, CLOFEN ,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-242802-0781, PANTONIX 40MG I.V.,96374, THER/PROPH/DIAG INJ IV PUSH,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP **Estimated : Cost**

Prescriptions: 0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0137-242802-0342 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0097-103201-0392 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,5363-863401-1171 - (PARACETAMOL : 400 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CAFFEINE : 32 MG) (CHLORPHENIRAMINE MALEATE : 3 MG) 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.

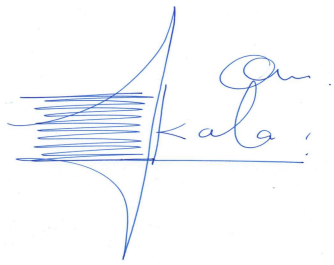
PATIENT'S DECLARATION :

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 : Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 12-Sep-2024

Signature :  **Date :** 12-Sep-2024