

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DILAN SAMALKA SENANAYAKE
Card No : I017-029-117490343-02
Policy Holder : DILAN SAMALKA SENANAYAKE
Payer Name : ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 01-10-2023 To 30-09-2024
Gender : Male
Date Of Birth : 18-Sep-1990
Patient's Tel No : 0522946517

Service Date : 14-Sep-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : AHSAN HUSSAIN
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

Network : Green
Direct Access S

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: SORE THROAT COUGH FEVER EPIGASTRIC PAIN

Duration :

Vitals:Temp : 37.2 Bp :135 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R51.9 - Headache, unspecified,R05 - Cough,R10.13 - Epigastric pain, Date of Onset

Requested Investigations: 9, Consultation GP,0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) Estimated :
POWDER FOR INJECTION,2190-106618-1001, PARAFUSIV,0005-174202-0781, RISEK Cost
40MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021,
CHLOROHISTOL 10MG,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/
IM,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, HYDRATION IV INFUSION INIT

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,0005-128801-1971 - (XYLOMETAZOLINE
HYDROCHLORIDE : 0.05%) LIQUID FOR SPRAY (NASAL),0139-116206-1171 - (CLAVULANIC ACID : 125
MG) (AMOXICILLIN : 875 MG) TABLETS,0005-938301-3381 - (CAFFEINE ANHYDROUS : 25 MG)
(PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET,

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

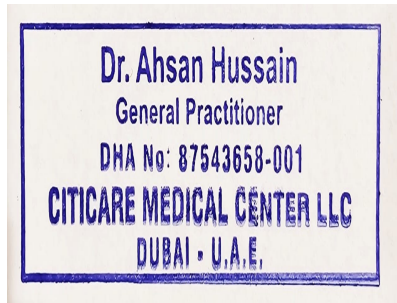
Stamp :

PATIENT'S DECLARATION :

I hereby authorize any Healthcare or other organization to release a medical condition & history for p insurance benefits.

Patient's signature{Parent : if minor}





Signature :

A handwritten signature in blue ink, consisting of a large loop and a long horizontal stroke.

Date : 14-Sep-2024