Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: NAVEEN SATI	**Service Date**	:14-Sep-2024	**Network**	: Green
Card No	: I017-029-120449813-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SP - YES**
Policy Holder	: NAVEEN SATI	**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	: 01-Jan-1997				
Patient's Tel No	: 0554678620				

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: EPIGASTRIC PAIN FEVER GASTRITIS BURNING IN STOMACH **Duration :**

Vitals: Temp : 37.1 Bp :123 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,K21.9 - Gastro-esophageal reflux disease without esophagitis,R10.13 - Epigastric pain, **Date of Onset** :14/25/2024

Requested Investigations: 9, Consultation GP,0005-174202-0781, RISEK 40MG,0005-136504-1021, SCOPINAL,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,86677, ANTIBODY HELICOBACTER PYLORI **Estimated Cost** :

Prescriptions: 6986-151717-0061 - (SIMETHICONE : 250 MG) CAPSULES,1267-409401-1111 - (MAGNESIUM HYDROXIDE : 400 MG/4.3 ML) (ALUMINIUM OXIDE : 230 MG/4.3 ML) SUSPENSION,0188-232401-0393 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,0005-136501-0393 - (HYOSCINE : 10 MG) FILM COATED TABLETS, **Estimated Cost** :

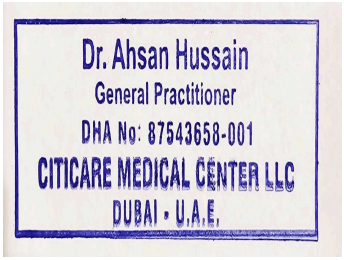
MEDICAL PRACTITIONER DECLARATION :

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 : AHSAN HUSSAIN **Stamp :**



Patient 's signature{Parent if minor} :

Date : 14-Sep-2024

Signature :

Date : 14-Sep-2024