

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : GABRIEL COLLACO FREDY
Card No : I017-029-116125960-02
Policy Holder : GABRIEL COLLACO FREDY
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 : 02-Mar-1965
Patient's Tel No : 0528381796

Service Date : 16-Sep-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Enomen Goodluck
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: Fever, cough and cold and throat pain. also nasal congestion and headache. Duration: 2days.

Duration:

Vitals:Temp : 37 Bp :140 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough, Date of Onset

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 or other organization to release a medical condition & history for p insurance benefits.

Dr's Name : Enomen Goodluck

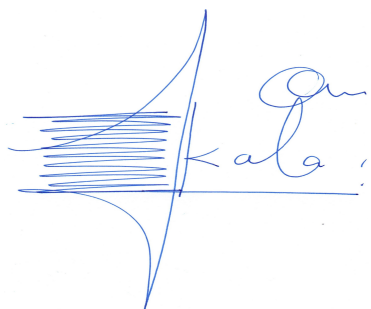
Stamp :

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

Patient's signature{Parent : if minor}



Signature :



Date : 16-Sep-2024