Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **BALWANT SINGH RAUTELA HARAK SINGH RAUTELA**	**Service Date**	**:23-Sep-2024**	**Network**	: Green
Card No	: **I017-029-119566038-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **BALWANT SINGH RAUTELA HARAK SINGH RAUTELA**	**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-Jun-1996**				
Patient's Tel No	: **0543556182**				

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: Recurrent cough No fever smokes tobacco. Blood in sputum when coughing **Duration:**

Vitals: Temp : 36.4 Bp :106 Pulse :65 Resp :18

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J02.9 - Acute pharyngitis, unspecified,R05 - Cough, **Date of Onset** :23/25/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 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 : 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** : 23-Sep-2024

Signature : **Date** : 23-Sep-2024