Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD	**Service Date**	:24-Sep-2024	**Network**	: Green
Card No	: I017-029-119448916-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC	**Direct Access SP - YES**	
Policy Holder	: SHAKEEL MUKHTYAR THANGE THANGE MUKHTYAR MOHAMMAD	**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	: 29-Sep-1986				
Patient's Tel No	: 0507029989				

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: LOW BACK PAIN LEG PAIN RIGHT FEET NAIL PAIN **Duration :**

Vitals: Temp : 36 Bp :123 Pulse :67 Resp :18

Clinical Findings:

Diagnosis: M54.5 - Low back pain,M62.830 - Muscle spasm of back,E78.5 - Hyperlipidemia, unspecified, **Date of Onset :**24/33/2024

Estimated Cost :

Requested Investigations: 80061, LIPID PANEL,9, Consultation GP

Prescriptions: 0426-160701-2541 - (METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY,0426-569401-0153 - (EUCALYPTUS OIL : 1.97 G/100G) (MENTHOL : 5.91 G/100G) (METHYL SALICYLATE : 12.8 G/100G) (TURPENTINE OIL : 1.47 G/100G) CREAM,0278-107903-0391 - (IBUPROFEN : 600 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 :**

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 24-Sep-2024

Signature :

Date : 24-Sep-2024