

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: SHAKEEL MUKHTYAR THANGE

Card No

: I017-029-119448916-01

Policy Holder

: SHAKEEL MUKHTYAR THANGE

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

: 29-Sep-1986

Patient's Tel No

: 0507029989

Service Date

: 24-Sep-2024

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: AHSAN HUSSAIN

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

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

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

Estimated Cost :

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.

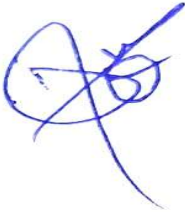
Dr's Name

: AHSAN HUSSAIN

Stamp :

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

Signature :



Date

: 24-Sep-2024

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.

Patient's signature{Parent : if minor}



24-Sep-2024