

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: JOHN BARRY OMONDI

Card No

: I017-029-119050814-01

Policy Holder

: JOHN BARRY OMONDI

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

: 04-Nov-1999

Patient's Tel No

: 0555219621

Service Date

:24-Sep-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:AHSAN HUSSAIN

Co-Insurance

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network

: Green

Direct Access SP - YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: pc: adenitis lymph node swllng and also in under arm

Duration

:

Vitals:Temp

: 36.9 Bp :136 Pulse :64 Resp :18

Clinical Findings:

Diagnosis:

L04.9 - Acute lymphadenitis, unspecified,L75.9 - Apocrine sweat disorder, unspecified,

Date of Onset

:24/57/2024

Requested Investigations:

0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP

Estimated Cost

:

Prescriptions:

0277-165001-0061 - (ETAMSYLATE : 500 MG) CAPSULES,2696-159502-0061 - (SERRATIOPEPTIDASE : 10 MG) CAPSULES,2626-293402-0391 - (LINEZOLID : 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

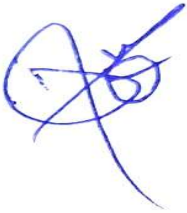
General Practitioner

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}



Date

: Sep-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=53077&patId=40447

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