

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: THARUKA NILSHANI

Card No

: I017-029-120835107-01

Policy Holder

: THARUKA NILSHANI

DEVASURENDRA

Payer Name

: ABU DHABI NATIONAL

INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 22-05-2024 To 30-09-2024

Gender

: Female

Date Of Birth

: 06-Aug-1990

Patient's Tel No

: 0569414971

Service Date

:26-Sep-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:AHSAN HUSSAIN

Co-Insurance

Network

: Green

Direct Access SP - YES

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

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: FLU RUNNY NOSE FEVER EAR BLOCKAGE

Duration

:

Vitals

:Temp : 37 Bp :160 Pulse :98 Resp :18

Clinical Findings:

Diagnosis:

J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],J30.9 - Allergic rhinitis, unspecified,R05 - Cough,K21.9 - Gastro-esophageal reflux disease without esophagitis,M54.5 - Low back pain,

Date of Onset

:26/58/2024

Requested Investigations:

0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,2190-106618-1001, PARAFUSIV,0005-174202-0781, RISEK 40MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated Cost

:

Prescriptions:

0195-123701-0391 - CETIRIZINE HCL,0005-938301-3381 - (CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,7512-014201-1161 - (ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP,

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.

Signature :



Date

: 26-Sep-2024

Patient 's signature{Parent : if minor}



Date

: Sep-2024