Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: Jennelyn Deza Arellano	**Service Date**	:26-Sep-2024	**Network**	: Green
Card No	: I017-029-116122173-02	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SP - YES**
Policy Holder	: Jennelyn Deza Arellano	**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	: Female				
Date Of Birth	: 15-Jul-1987				
Patient's Tel No	: 0526800421				

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: Upper abdominal pain, nausea and bupping. Also diarrhea for which she has had over 3 episodes. Duratino: 2days (25th sept 2024) Symptoms started after she ate pizza. Has associated low grade fever but no blood in stool and stool is not mucoid. Friends who had the food has similar symptoms. Know history of gastritis and has previously had endoscopy. **Duration:**

Vitals: Temp : 37.4 Bp :111 Pulse :104 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,K52.9 - Noninfective gastroenteritis and colitis, unspecified,R19.7 - Diarrhea, unspecified, **Date of Onset** :26/28/2024

Requested Investigations: 86677, ANTIBODY HELICOBACTER PYLORI,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS,0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC 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** : 26-Sep-2024

Signature : **Date** : 26-Sep-2024