

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: Jennelyn Deza Arellano

Card No

: I017-029-116122173-02

Policy Holder

: Jennelyn Deza Arellano

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

: 01-10-2023 To 30-09-2024

Gender

: Female

Date Of Birth

: 15-Jul-1987

Patient's Tel No

: 0526800421

Service Date

:26-Sep-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

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: 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.

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.

Dr's Name

: Enomen Goodluck

Stamp

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature



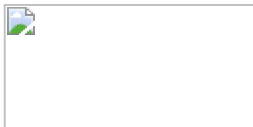
Date

: 26-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

: 26-Sep-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=53149&patId=31639

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