Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **UTKARSH VOHRA MANISH VOHRA**	**Service Date**	**:27-Sep-2024**	**Network**	: Green
Card No	: **I017-029-121075924-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **UTKARSH VOHRA MANISH VOHRA**	**Doctor's Name**	**:Humaira**		
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	: **Male**				
Date Of Birth	: **20-Nov-2002**				
Patient's Tel No	: **0545141903**				

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 : paracitamol allergy co fever on and off nasal blockage epigastric pain bodyache 1 day before oe chest is clear no added sounds restless redness all around the mouth wape **Duration:**

Vitals: Temp : 37 Bp :126 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,K29.00 - Acute gastritis without bleeding,J06.9 - Acute upper respiratory infection, unspecified,R09.81 - Nasal congestion, **Date of Onset** :27/00/2024

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, INJECTION SERVICE-IM,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, IV INFUSION THERAPY -Antibiotics & Others,10007, NEBULIZATION WITH MEDICINE,85025, COMPLETE BLOOD COUNT (CBC), BLOOD,INJ010, INJ-PANTOPRAZOLE AS SODIUM 40 MG,96374, INJECTION SERVICE-IV,9, CONSULTATION GP,9, CONSULTATION GP,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT **Estimated Cost:**

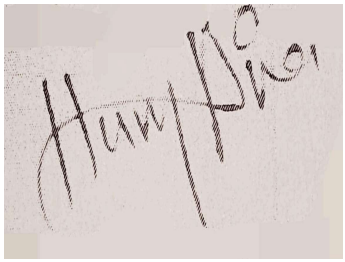
Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),1267-118502-1112 - (ALUMINIUM HYDROXIDE : N/A) (MAGNESIUM HYDROXIDE : N/A) SUSPENSION,0188-232402-0391 - (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,2118-290301-0391 - LEVOCETIRIZINE DIHYDROCHLORIDE,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0027-149904-0341 - (DICLOFENAC SODIUM : 50 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	: Humaira	**Stamp :**	Dr. Humaira Mumtaz General Practitioner DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	**Patient 's signature{Parent : if minor}**	**Date :** 27-Sep-2024
Signature :		**Date**	: 27-Sep-2024		