Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **HRIDAY WADHWA KAMAL HARIRAM WADHWA**	**Service Date**	**:27-Sep-2024**	**Network**	: Green
Card No	: **I017-029-120176865-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **HRIDAY WADHWA KAMAL HARIRAM WADHWA**	**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	: **Male**				
Date Of Birth	: **26-Mar-1999**				
Patient's Tel No	: **0522715010**				

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: Frequency of urine, nocturia and polyuria. Duration: 2months (date unsure). No fever and no pain on micturiction. RBS at presentation is 99mg/dl. **Duration:**

Vitals: Temp : 36.5 Bp :118 Pulse :56 Resp :18

Clinical Findings:

Diagnosis: E23.2 - Diabetes insipidus,N39.0 - Urinary tract infection, site not specified,E83.52 - Hypercalcemia, **Date of Onset :**27/34/2024

Requested Investigations: 82947-1, GRBS,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,82310, CALCIUM TOTAL,82330, CALCIUM IONIZED,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80051, ELECTROLYTE PANEL,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,9, Consultation GP **Estimated Cost :**

Prescriptions: 1161-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 500 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.

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 :** 27-Sep-2024

Signature : **Date** : 27-Sep-2024