

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: ABHISHEK KUMAR VINAY KUMAR SINGH

Card No

: I017-029-119959937-01

Policy Holder

: ABHISHEK KUMAR VINAY KUMAR SINGH

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Green Network

Validity

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

Gender

: Male

Date Of Birth

: 05-Mar-2002

Patient's Tel No

: 971528501605

Service Date

:28-Sep-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

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: Pain in the right ear. Duration: 1 hour ago. No discharge from the affected ear. No history of trauma. Exam: Inflamed auditory meatus of the right ear.

Duration:

Vitals:Temp : 36.7 Bp :140 Pulse :110 Resp :18

Clinical Findings:

Diagnosis: H60.311 - Diffuse otitis externa, right ear,H92.01 - Otaglia, right ear,R07.9 - Chest pain, unspecified,R00.2 - Palpitations,

Date of Onset

:28/28/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,9, Consultation GP,93000, ELECTROCARDIOGRAM COMPLETE

Estimated Cost

:

Prescriptions: 0085-387501-0241 - (HYDROCORTISONE : 10 MG/ML) (CIPROFLOXACIN (AS HYDROCHLORIDE) : 2 MG/ML) EAR DROPS,0027-142201-2401 - (DICLOFENAC POTASSIUM : 50 MG) SUGAR 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

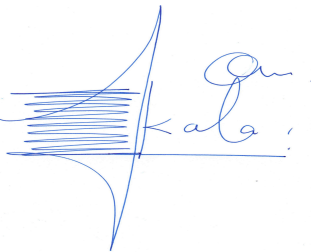
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

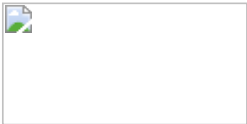
Signature :



Date

: 28-Sep-2024

Patient 's signature{Parent : if minor}



Date

: Sep-2024