Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Service Date**	**:28-Sep-2024**	**Network**	: Green
Card No	: **I017-029-119959937-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **ABHISHEK KUMAR VINAY KUMAR SINGH**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**	**Remarks**	:		
Validity	: **09-10-2023** To **30-09-2024**				
Gender	: **Male**				
Date Of Birth	: **05-Mar-2002**				
Patient's Tel No	: **971528501605**				

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 - Otalgia, 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.

Patient 's signature{Parent if minor} : **Date :** 28-Sep-2024

Signature : **Date** : 28-Sep-2024