Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE	**Service Date**	:30-Sep-2024	**Network**	: Green
Card No	: I017-029-118862638-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access S**
Policy Holder	: CHATHURA SALINGA WIJAYAKUMARA RAJAPAKSA PEDIGE	**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 01-10-2024				
Gender	: Male				
Date Of Birth	: 07-Feb-1989				
Patient's Tel No	: 0568786292				

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : PC: Upper abdominal pain, nausea and diarrhea. ALso has palpitations that comes up after eating.. Abdominal symptoms also provoked by meals Has associated abdominal distension. Duration: Recurrent for 6months or more. **Duration:**

Vitals: Temp : 37.4 Bp :119 Pulse :83 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,R19.7 - Diarrhea, unspecified, **Date of Onse**

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS,0005-141607-1111 - (ALUMINIUM HYDROXIDE : 215 MG/5 ML) (SIMETHICONE : 25 MG/5ML) (MAGNESIUM HYDROXIDE : 80 MG/5ML) SUSPENSION,0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0137-242801-0341 - (PANTOPRAZOLE (AS SODIUM) : 20 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 :

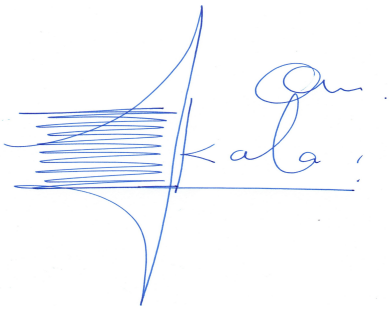
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

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} :

Signature :  **Date** : 30-Sep-2024