

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HANADI KILANI BAWAB

Card No : I017-029-120419127-01

Policy Holder : HANADI KILANI BAWAB

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Blue Network

Validity : 03-02-2024 To 02-02-2025

Gender : Female

Date Of Birth : 24-Nov-1976

Patient's Tel No : 0544253232

Service Date :01-Oct-2024

Network : Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :Enomen Goodluck

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ Acute☐ Pre-existing and chronic☐ Maternity**Chief Complaints :** Headache, light headedness, dizziness and feeling of pressure in the left temporal region. Duration: 3days. LMP: hysterectomy in 2012. Not hypertensive and not diabetic.**Duration:****Vitals:**Temp : 36.8 Bp :106 Pulse :67 Resp :18**Clinical Findings:****Diagnosis:** G43.109 - Migraine with aura, not intractable, w/o status migrainosus,H81.12 - Benign paroxysmal vertigo, left ear,**Date of Onset** :17/39/2025**Estimated Cost** :**Requested Investigations:** 9.01, Follow Up Consultation GP**Prescriptions:** 0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,1395-397601-0391 - (SUMATRIPTAN (AS SUCCINATE) : 100 MG) FILM COATED TABLETS,1394-380701-1171 - (BETAHISTINE HCL : 16 MG) 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 :

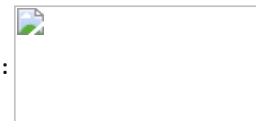
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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 : Dec-2025

Signature :

Date : 17-Dec-2025