Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: HANADI KILANI BAWAB**	**Service Date**	**:01-Oct-2024**
Card No	**: I017-029-120419127-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: HANADI KILANI BAWAB**	**Doctor's Name**	**:Enomen Goodluck**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	**: E CARE - Blue Network**	**Remarks**	:
Validity	**: 03-02-2024** To **02-02-2025**		
Gender	**: Female**		
Date Of Birth	**: 24-Nov-1976**		
Patient's Tel No	**: 0544253232**		

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 : 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 : 17-Dec-2025

Signature :

Date : 17-Dec-2025