

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : BASSEM JAMIL KABBANI

Card No : I011-029-117910315-01

Policy Holder : BASSEM JAMIL KABBANI

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

TPA : ECARE-EBP EBP Enhanced CLASIC

Validity : 27-12-2023 To 26-12-2024

Gender : Male

Date Of Birth : 13-Nov-1987

Patient's Tel No : 0568894601

Service Date :20-Nov-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Enomen Goodluck

Co-Insurance :

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

Network : Green

Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: Low back pain of sudden onset, said to have gone fishing and was pulling on a heavy object when he suddenly felt the pain and it has persisted since then. Duration: 2days (18/11/2024). Pain does not radiate to the lower limbs, there is no tingling nor pain down the lower limbs. Not hypertensive and not diabetic MRI is advised.

Vitals:Temp : 36.2 Bp :100 Pulse :96 Resp :18**Clinical Findings:****Diagnosis:** M43.17 - Spondylolisthesis, lumbosacral region,M54.5 - Low back pain,**Date of Onset** :20/27/2024**Requested Investigations:** 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP**Estimated Cost** :**Prescriptions:** 0027-149903-0111 - (DICLOFENAC SODIUM : 100 MG) COATED TABLETS,2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL,**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 :

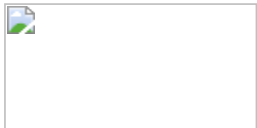
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}

20-
Date : Nov-
2024

Signature :



Date : 20-Nov-2024