

1.HealthNet Policy Number					000- 98349-01	2. Autho	orization	
, and the second					98349-01 ANA RAMANI	Code:		
2. Patient Name							☐ Male ✓ Female	
3.Patient Date of Birth & Sex								
					Mobile No.971567459909			
5.Nature of illness or Injury					☐ Acute ☐ Chronic ☐ Emergency			
6.Are You the patient's primary physician					es 🗆 No			
7.Presenting Complaints:								
8.Duration of Symptoms:								
9.Onset of Condition:								
10.Relevent Past Medical/Surfgical History								
DiagonosisiBurns involving less than 10% of body surface, Acute pain due to trauma, Cellulitis of left upper limb					ICD Code T31.0, G89.11, L03.114			
12.Etiology:								
13.In case of Injury:mode of Injury/place of Injury								
14.Plan / Details of Management								
a.Procedure9.019.01 - (9.01) - Follow Up - Consultation GP - (AED 0.0000),NON-SURGICAL CLEANSING WITH SURGICAL DRESSING MORE THAN 48 CPT code9.01,51.03 SQ INCHES / 300 SQ CENTIMETERS.								
b.Laboratiry Test:								
c.Radiology / Investigations:								
15.In Case of Hospitalization: Date of Addmission: Date of Discharge:								
16.								
Code Generic Dosage Duration Instructions								
			Doouge	Duration				
No Prescriptions History Found								
General Practitioner								
Doctor's Name Enomen Goodluck CITICARE MEDICAL CENT							DHA No: 28040827-001 Ticare Medical Center LLC Dubai - U.A.E.	
Physician Code DHA-P-28040827 HNM Code								
Authorization								
I hereby authorize the Physician, Hospital or Pharmacy to file a claim for medical services on my behalf and I confirm that the above mentioned								
examination / investigation / therapy is given to me by the doctor. I hereby authorize any Hospital, Physician, Pharmacy or any other person who has provided medical services to me or my dependents to furnish NGI with any and all information with regard to any medical history, medical condition or medical services and copies of all medical and hospital records.								
A Photocopy or teletax copy of this authorization shall be considered effective any valid as the original								
The state of the s								
Date:	08-01-25(dd/	/mm/yy) Sig	nature of Insued / Cla	aimint				

Copy of NGI - Pharmacy

NATIONAL GENERAL INSURANCE CO. (P.J.S.C)



NGI House Building, P.O. Box 154, Deira, Dubai, Tel: +971 4 211 5800, Fax: +971 4 250 2854, Email: ngico@emirates.net.ae, Website: www.ngi.ae