Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **AMINA MOHAMED ABDELAZIM ABDELMAQSOUD**	**Service Date**	**:24-Jan-2025**	**Network**	: Green
Card No	: **I017-029-121075946-03**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **AMINA MOHAMED ABDELAZIM ABDELMAQSOUD**	**Doctor's Name**	**:Humaira**		
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**				
Validity	: **06-01-2025** To **05-01-2026**				
Gender	: **Female**	**Remarks**	:		
Date Of Birth	: **05-Aug-1998**				
Patient's Tel No	: **547977506**				

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 : co mosquito bite on the leg 3 times 21st jan. 2025 oe swelling and big mark on the leg oe chest is clear no added sounds smoker **Duration:**

Vitals: Temp : 36 Bp :145 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: W57.XXXA - Bit/stung by nonvenom insect & oth nonvenom arthropods, init,T78.40XS - Allergy, unspecified, sequela,R21 - Rash and other nonspecific skin eruption, **Date of Onset** :24/53/2025

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-111805-1021, CHLOROHISTOL 10MG,9, Consultation GP **Estimated Cost** :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM 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 Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

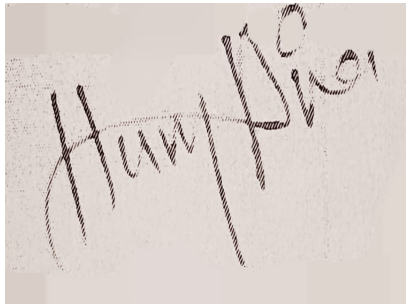
Dr's Name : Humaira

Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 24-Jan-2025

Signature : 

Date : 24-Jan-2025