Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: AUNG MYO ZIN	**Service Date**	:28-Jan-2025	**Network**	: Green
Card No	: I017-029-121255243-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SP - YES**
Policy Holder	: AUNG MYO ZIN	**Doctor's Name**	:DR Amaizah		
Payer Name	: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC	**Co-Insurance**	:		
TPA	: E CARE - Blue Network	**Remarks**	:		
Validity	: 26-08-2024 To 25-08-2025				
Gender	: Male				
Date Of Birth	: 01-May-1986				
Patient's Tel No	: 0553497942				

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 : follow up pc : pain and swelling of left toe for 2 days swelling is improved , pain stil there known gout arthritis bp elevated o/e : tender left 3 rd toe uric acid normal with meds **Duration:**

Vitals: Temp : 36 Bp :138 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: M10.379 - Gout due to renal impairment, unspecified ankle and foot,S13.8XXS - Sprain of joints and ligaments of oth parts of neck, sequela,M13.172 - Monoarthritis, not elsewhere classified, left ankle and foot, **Date of Onset** :28/04/2025

Requested Investigations: 9, Consultation GP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,86430, RHEUMATOID FACTOR QUALITATIVE,86140, C REACTIVE PROTEIN,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION **Estimated Cost :**

Prescriptions: 6603-159502-1171 - (SERRATIOPEPTIDASE : 10 MG TABLETS,2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL,6616-533802-1751 - (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) GASTRO-RESISTANT TABLETS,0186-143701-0062 - (CELECOXIB : 200 MG CAPSULES,2150-575201-1171 - (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG (ZINC : 4 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 : DR Amaizah

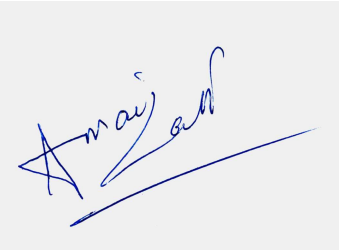
Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Date : 28-Jan-2025

Signature :



Date : 28-Jan-2025