

Administrative

MEDICAL CLAIM FORM

Claim Ref:

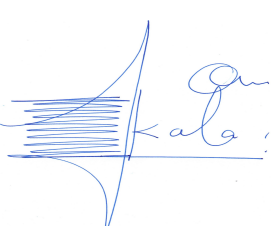
Patient Name : AMINA MOHAMED
ABDELAZIM ABDELMAQSOU
Card No : I017-029-121075946-03
Policy Holder : AMINA MOHAMED
ABDELAZIM ABDELMAQSOU
Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-ADNIC
TPA : E CARE - Green Network
Validity : 06-01-2025 To 05-01-2026
Gender : Female
Date Of Birth : 05-Aug-1998
Patient's Tel No : 547977506

Service Date : 29-Jan-2025
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

Remarks :

Network : Green
Direct Access SP - YES

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : patient complain of headache and than got fainted,bp is 109/69. Duration :		
Vitals: Temp : 37 Bp :108 Pulse :86 Resp :0		
Clinical Findings:		
Diagnosis: R53.1 - Weakness,R51.9 - Headache, unspecified,		Date of Onset : 29/39/2025
Requested Investigations: 0102-152902-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP		Estimated Cost :
Prescriptions: 1946-548001-0451 - (ASCORBIC ACID (VITAMIN C) : 35 MG) (FOLIC ACID : 200 MCG) (IRON : 15 MG) GRANULES,6619-608703-0831 - (SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION,0031-149904-1171 - (DICLOFENAC SODIUM : 50 MG) TABLETS,0006-106601-0393 - (PARACETAMOL : 500 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 : 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 : 29-Jan-2025
Signature : 		Date : 29-Jan-2025