Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: AMINA MOHAMED ABDELAZIM ABDELMAQSOUD**
Card No	**: I017-029-121075946-03**
Policy Holder	**: AMINA MOHAMED ABDELAZIM ABDELMAQSOUD**
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** **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

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 :

☐ **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