Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: ARIJ BEN ZINEB**	**Service Date**	**:06-Feb-2025** **Network** : Green
Card No	**: I017-029-119290084-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	**: ARIJ BEN ZINEB**	**Doctor's Name**	**:Humaira**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	**: E CARE - Blue Network**	**Remarks**	:
Validity	**: 12-04-2024** To **11-04-2025**		
Gender	**: Female**		
Date Of Birth	**: 14-Nov-1994**		
Patient's Tel No	**: 971581248311**		

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 blood from the cough it was productive cough fever on and off pus in the rt thumb 1st feb. 2025 oe infected nail chest is congested no added sounds restless **Duration:**

Vitals: Temp : 36.5 Bp :123 Pulse :75 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R09.81 - Nasal congestion,R50.9 - Fever, unspecified,L02.511 - Cutaneous abscess of right hand, **Date of Onset** :06/58/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,51.03, Non-surgical cleansing with surgical dressing more than 48 sq inches / 300 sq centimeters,9, Consultation GP **Estimated Cost** :

Prescriptions: 0195-116604-0391 - (METRONIDAZOLE : 500 MG FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,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

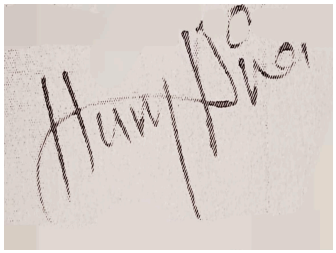
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 06-Feb-2025

Signature :



Date : 06-Feb-2025