

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MAZEN NAEM YACOB

Card No : I017-029-120389126-03

Policy Holder : MAZEN NAEM YACOB

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 06-01-2025 To 05-01-2026

Gender : Male

Date Of Birth : 20-Feb-1982

Patient's Tel No : 0551723654

Service Date : 16-Apr-2025

Network : Green

Health Provider : CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name : DR Amaizah

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 : pc : severe bodypain , back pain , associated with fever

Duration :

Vitals:Temp : 37.9 Bp :120 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R52 - Pain, unspecified,M54.5 - Low back pain, Date of Onset:16/17/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIRNTL WBC
COUNT,86140, C REACTIVE PROTEIN,9, Consultation GPEstimated :
Cost

Prescriptions: 1195-926901-0391 - (VITAMIN D3 : 5 MCG) (VITAMIN E (AS D-ALPHA TOCOPHERYL
SUCCINATE) : 20 MG) (ZINC : 15 MG) (CHROMIUM : 50 MCG) (COPPER : 1 MG) (VITAMIN B12 : 9 MCG)
(FOLACIN : 500 MCG) (SIBERIAN GINSENG (ELEUTHEROCOCCLUS SENTICUSUS) : 20 MG) (IODINE : 150
MCG) (IRON (FERROUS FUMARATE) : 6 MG) (MAGNESIUM OXIDE : 50 MG) (MANGANESE SULFATE : 3
MG) (L-METHIONINE : 20 MG) (NIACIN : 20 MG) (PANTOTHENIC ACID : 10 MG) (PABA : 20 MG)
(PYRIDOXINE (VITAMIN B6) : 9 MG) (VITAMIN B2 (RIBOFLAVIN) : 5 MG) (SELENIUM : 150 MCG) (S,2027-
560101-0392 - (IBUPROFEN : 150 MG) (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.

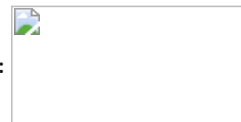
PATIENT'S DECLARATION :

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 : DR Amaizah

Stamp :

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

Patient's
signature{Parent :
if minor}16-
Date : Apr-
2025

Signature :

Date : 16-Apr-2025