Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: FLOR GARCIA LURIZ**	**Service Date**	**:04-Sep-2024**	**Network**	**:** Green
Card No	**: I017-029-120021034-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: FLOR GARCIA LURIZ**	**Doctor's Name**	**:Humaira**		
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**		
TPA	**: E CARE - Blue Network**	**Remarks**	**:**		
Validity	**: 31-10-2023** To **30-10-2024**				
Gender	**: Female**				
Date Of Birth	**: 10-Aug-1975**				
Patient's Tel No	**: 0501572241**				

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 accidental cut from knife thenar muscles of the hand she was cutting the coconut bleed oe 6cm cut deep chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37.6 Bp :200 Pulse :68 Resp :18

Clinical Findings:

Diagnosis: W26.0XXA - Contact with knife, initial encounter, **Date of Onset** : 04/36/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,93000, ELECTROCARDIOGRAM COMPLETE,80069, RENAL FUNCTION PANEL,80061, LIPID PANEL,9, Consultation GP **Estimated Cost :**

Prescriptions: **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

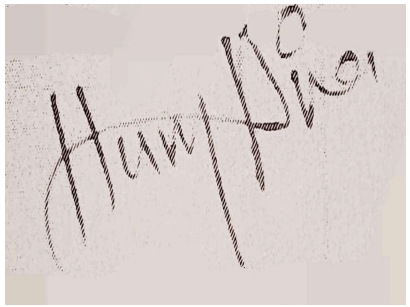
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 04-Sep-2024

Signature :



Date : 04-Sep-2024