

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMED SAFNI NIZAM

Card No : I017-029-120076119-01

Policy Holder : MOHAMED SAFNI NIZAM

Payer Name : ABU DHABI NATIONAL
INSURANCE COMPANY-
ADNIC

TPA : E CARE - Green Network

Validity : 13-11-2023 To 30-09-2024

Gender : Male

Date Of Birth : 01-Nov-2000

Patient's Tel No : 0565727014

Service Date : 23-Sep-2024

Health Provider : CITICARE MEDICAL CENTER LLC

Doctor's Name : Humaira

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green

Direct Access SP - YES

Remarks :

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : co fever on and off taking penadol at home pain in throat running nose 19th Duration: bsep. 2024 oe tonsills chest is clear no added sounds restless

Vitals:Temp : 37.3 Bp :110 Pulse :113 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified,K29.00 - Acute gastritis without bleeding,

Date of Onset :23/42/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,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,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT

Estimated : Cost

Prescriptions: 0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0207-533801-1451 - (ESOMEPRazole (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),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 :

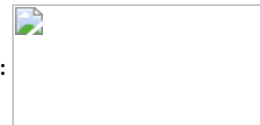
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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 : Sep-2024

Signature :

Date : 23-Sep-2024