Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **BIBIN ALIAS ALIAS MATHAIKUDIYIL VARGHESE**	**Service Date**	**:25-Sep-2024**
Card No	: **I017-029-118720586-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **BIBIN ALIAS ALIAS MATHAIKUDIYIL VARGHESE**	**Doctor's Name**	**:Humaira**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2023** To **30-09-2024**		
Gender	: **Male**		
Date Of Birth	: **07-Sep-1997**		
Patient's Tel No	: **0547455239**		

Network : Green

Direct Access SP - YES

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 : oe chest is congested no added sounds restless **Duration :**

Vitals: Temp : 36.9 Bp :147 Pulse :89 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R05 - Cough,M54.5 - Low back pain,R10.13 - Epigastric pain,K29.00 - Acute gastritis without bleeding, **Date of Onset** :25/18/2024

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96365, THER/PROPH/DIAG IV INF INIT,94640, AIRWAY INHALATION TREATMENT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,INJ051, INJ-HYDROCORTISONE 100 MG/2ML,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), **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

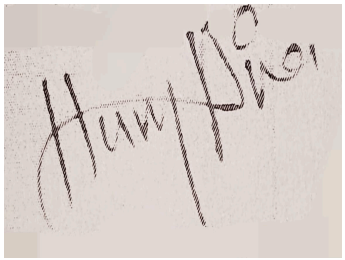
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 25-Sep-2024

Signature :



Date : 25-Sep-2024