Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: CHAN THAR WIN**	**Service Date**	**:25-Sep-2024**
Card No	**: I017-029-118780637-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: CHAN THAR WIN**	**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	**: 23-Nov-2002**		
Patient's Tel No	**: 0589232011**		

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 : coEYE SWELLING/REDNESS UPPER EYE LID headache 21th sep. 2024 oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.5 Bp :123 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: H02.34 - Blepharochalasis left upper eyelid,R51.9 - Headache, unspecified, **Date of Onset** :25/47/2024

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP,9, Consultation GP **Estimated Cost** :

Prescriptions: 0085-125903-0372 - (MOXIFLOXACIN (AS HCL) : 0.5%) EYE DROPS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS, **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

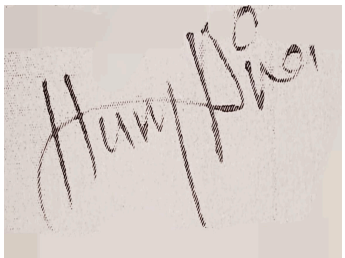
Stamp :

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