Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: HANADI KILANI BAWAB**	**Service Date**	**:29-Sep-2024**
Card No	**: I017-029-120419127-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: HANADI KILANI BAWAB**	**Doctor's Name**	**:Humaira**
Payer Name	**: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	**:**
TPA	**: E CARE - Blue Network**	**Remarks**	**:**
Validity	**: 03-02-2024** To **02-02-2025**		
Gender	**: Female**		
Date Of Birth	**: 24-Nov-1976**		
Patient's Tel No	**: 0544253232**		

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

Network : Green

Direct Access SP - YES

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : co heaviness of the head 27th sep. 2024 oe chest is clear no addded so 101unds restless she is prediabetic not taking any medicine fbs 101 **Duration:**

Vitals: Temp : 36.7 Bp :100 Pulse :68 Resp :18

Clinical Findings:

Diagnosis: E86.0 - Dehydration,R23.1 - Pallor, **Date of Onset** : 29/49/2024

Requested Investigations: 83540, IRON,83550, IRON BINDING CAPACITY,80051, ELECTROLYTE PANEL,0102-111908-1001, SODIUM CHLORIDE B.P.,96360, HYDRATION IV INFUSION INIT,82947-1, GRBS,9, Consultation GP,83540, IRON,83550, IRON BINDING CAPACITY,80051, ELECTROLYTE PANEL,96360, HYDRATION IV INFUSION INIT **Estimated Cost** :

Prescriptions: 0097-230603-0832 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION, **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.

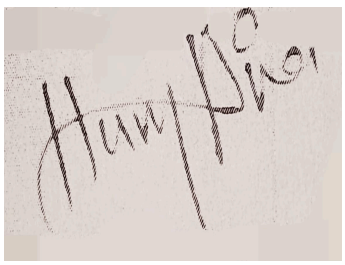
PATIENT'S DECLARATION :

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** : 29-Sep-2024

Signature :  **Date** : 29-Sep-2024