

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NARESH KUMAR TAJPURIYA

Card No : I040-029-118249221-01

Policy Holder : NARESH KUMAR TAJPURIYA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2024 To 01-01-2025

Gender : Male

Date Of Birth : 14-Mar-1994

Patient's Tel No : 567591465

Service Date:26-Jun-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Enomen Goodluck

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : C/o: High grade fever since yesterday. Pain in throat and cough that is dry. HeDuration: is not a known hypertensive and not diabetic.

Vitals:Temp : 39 Bp :134 Pulse :104 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J20.9 - Acute bronchitis, unspecified,R05 - Cough,R50.9 - Fever, unspecified,Date of Onset :26/04/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0006-402803-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,0005-149902-1021, CLOFEN ,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,1343-383501-0582 - (BENZOCAINE : 6 MG) (MENTHOL : 10 MG) LOZENGES,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0070-148701-1171 - (LORATADINE : 10 MG) TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG) TABLETS,

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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 26-Jun-2024

Patient 's signature{Parent : if minor}

26-Jun-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=49449&patId=39582

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