

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: MOHAMED ENAYATULLAH KHAN	Service Date	: 03-Jul-2024	Network	: Green														
Card No	: I040-029-117305023-01	Health Provider	: CITICARE MEDICAL CENTER LLC	Direct Access SP	: YES														
Policy Holder	: MOHAMED ENAYATULLAH KHAN	Doctor's Name	: Enomen Goodluck																
Payer Name	: UNION INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	: E CARE - Blue Network	Remarks																	
Validity	: 02-01-2024 To 01-01-2025																		
Gender	: Male																		
Date Of Birth	: 29-Nov-1978																		
Patient's Tel No	: 0563014230																		

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Pain in throat, running nose, nasal congestion, and headache.

Duration :

Vitals:Temp : 37.5 Bp :124 Pulse :75 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R05 - Cough,

Date of Onset :03/25/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,

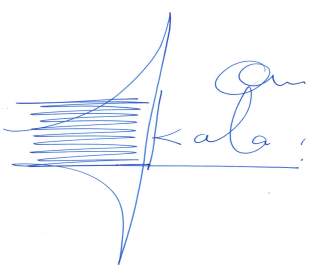
Estimated : Cost

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.

Dr's Name : Enomen Goodluck

Stamp :

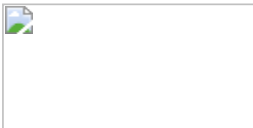
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 03-Jul-2024

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.

Patient 's signature{Parent : if minor}



03-Jul-2024