

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

:

PIRAJI CHOUGULE KRISHNA

Card No

:

I040-029-120896487-01

Policy Holder

:

PIRAJI CHOUGULE KRISHNA

Payer Name

:

UNION INSURANCE COMPANY

TPA

:

E CARE - Blue Network

Validity

:

06-06-2024 To 01-01-2025

Gender

:

Male

Date Of Birth

:

14-Sep-2002

Patient's Tel No

:

0551975605

Service Date

:

05-Jul-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

:

Dull aching pain in the left groin and lower abdomen. Also pain in the left testicle. Exam: Left scrotal sac feels like a bag of worms.

Duration:

Vitals

:

Temp : 37.1 Bp :122 Pulse :77 Resp :18

Clinical Findings:

Diagnosis

:

I86.1 - Scrotal varices,R52 - Pain, unspecified,

Date of Onset

:

05/28/2024

Requested Investigations

:

9, Consultation GP

Estimated Cost

:

Prescriptions

:

2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 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.

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

:

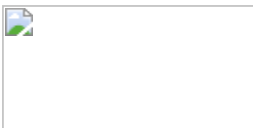


Date

:

05-Jul-2024

Patient 's signature{Parent : if minor}



05-Jul-2024