

Administrative

Patient Name : Vikram Mutyampeta

Card No : I040-029-120097941-01

Policy Holder : Vikram Mutyampeta

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 10-Jun-1986

Patient's Tel No : 0522822563

MEDICAL CLAIM FORM

Service Date :20-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 :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: ALLERGY REACTION TO CHEMICAL ITCHY RIGHT FEET

Duration :

Vitals:Temp : 37.1 Bp :100 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: M79.671 - Pain in right foot,L23.9 - Allergic contact dermatitis, unspecified cause,

Date of Onset :20/29/2024

Requested Investigations: 9, Consultation GP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,86005, ALLERGEN SPECIFIC IGE QUAL MULTIALLERGEN SCREEN,96372, THER/PROPH/DIAG INJ SC/IM

Estimated :
Cost

Prescriptions: 0106-349601-0151 - (ALLANTOIN : 20 MG/G) (COAL TAR : 50 MG/G) (HYDROCORTISONE : 5 MG/G) CREAM,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0195-123701-0391 - CETIRIZINE HCL,

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

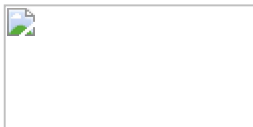
DUBAI - U.A.E.

Signature :

Date : 20-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}



20-Jul-2024

Date : Jul-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=50025&patId=52918

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