Administrative

MEDICAL CLAIM FORM

Claim Ref:

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**

Service Date :**20-Jul-2024** **Network** : Green

Health Provider :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

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 :

☐ **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.

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.

Patient 's signature{Parent if minor} : **Date** : 20-Jul-2024

Signature : **Date** : 20-Jul-2024