

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: WALEED MEDANI . SHIEKH ABDURAHMAN

Card No

: I040-029-120879915-01

Policy Holder

: WALEED MEDANI . SHIEKH ABDURAHMAN

Payer Name

: UNION INSURANCE COMPANY

TPA

: E CARE - Blue Network

Validity

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

Gender

: Male

Date Of Birth

: 03-Mar-1981

Patient's Tel No

: 0586985012

Service Date:21-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

Network

: Green

Direct Access SP - YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: Pain in throat since the past 3 days. Also has headache but there is no fever as he has been on paracetamol He is not a known hypertensive and not diabetic. Takes tobacco (vaping) but does not ingest alcohol. Works as IT specialist. ENT: mild hyperemia and hypertrophy. Chest is clinically clear.

Duration:

Vitals:Temp : 35.8 Bp :108 Pulse :79 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, unspecified,

Date of Onset :21/35/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP

Estimated Cost

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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

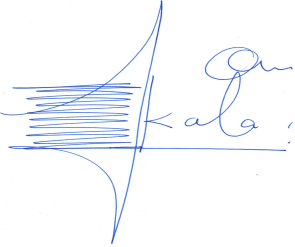
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :



Date

: 21-Jul-2024

Patient 's signature{Parent : if minor}



Date : Jul-2024

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=50048&patId=53669

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