Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: PRAGATI BHATTARAI**
Card No	**: I035-029-118228900-01**
Policy Holder	**: PRAGATI BHATTARAI**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 28-10-2023** To **27-10-2024**
Gender	**: Female**
Date Of Birth	**: 30-Mar-1999**
Patient's Tel No	**: 5222854263**

Service Date :22-Jul-2024 **Network** : Green

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

Doctor's Name **:Humaira**

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 : co muscle pain in the back 18th july 2024 oe muscle strain chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37 Bp :90 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: M62.830 - Muscle spasm of back,R52 - Pain, unspecified,E55.9 - Vitamin D deficiency, unspecified, **Date of Onset :**22/48/2024

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,82652, 1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED,84550, URIC ACID BLOOD,86431, RHEUMATOID FACTOR QUANTITATIVE,9, Consultation GP **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR 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 : Humaira

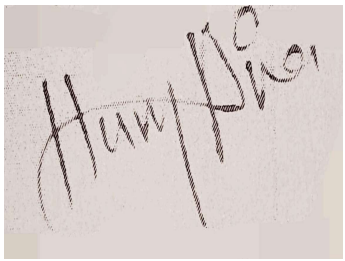
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 22-Jul-2024

Signature :



Date : 22-Jul-2024