

Administrative

Patient Name : SNEHA SURESH NAIR

Card No : I040-029-120655348-01

Policy Holder : SNEHA SURESH NAIR

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Female

Date Of Birth : 22-Mar-2002

Patient's Tel No : 055980055

Service Date :25-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

MEDICAL CLAIM FORM

Claim Ref:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: LOWER BACK ACHE 1 DAY

Duration :

Vitals:Temp : 37 Bp :90 Pulse :78 Resp :28

Clinical Findings:

Diagnosis: M54.5 - Low back pain,

Date of Onset : 25/38/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 4417-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,

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

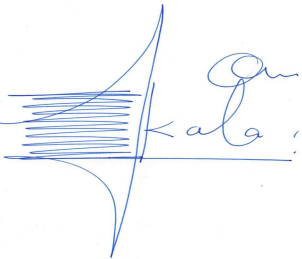
CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



25-Jul-2024

Signature :

Date : 25-Jul-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=50156&patId=53403

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