Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: TEBOGO RUTH MOTAU**
Card No	**: I040-029-120319774-01**
Policy Holder	**: TEBOGO RUTH MOTAU**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 15-01-2024** To **14-01-2025**
Gender	**: Female**
Date Of Birth	**: 27-Nov-1997**
Patient's Tel No	**: 0551542093**

Service Date **:25-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: Recurrent low back pain that radiate to the right lower limb especially the thigh. Duration: Recurrent for many years, but current episodes is 3months. Nasal congestion, pain in throat and cough **Duration:**

Vitals: Temp : 37 Bp :120 Pulse :100 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J01.90 - Acute sinusitis, unspecified,H65.01 - Acute serous otitis media, right ear,M47.27 - Other spondylosis with radiculopathy, lumbosacral region,M54.5 - Low back pain, **Date of Onset** :25/24/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED 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

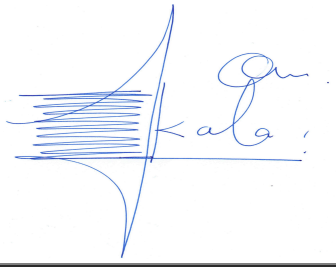
Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 25-Jul-2024

Signature :



Date : 25-Jul-2024