

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: Mansoor Ali Yameen Ali

Card No

: I040-029-113719090-01

Policy Holder

: Mansoor Ali Yameen Ali

Payer Name

: UNION INSURANCE COMPANY

TPA

: E CARE - Blue Network

Validity

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

Gender

: Male

Date Of Birth

: 25-Sep-1985

Patient's Tel No

: 0502245460

Service Date

: 30-Jul-2024

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: Enomen Goodluck

Co-Insurance

:

Remarks

:

Network

: Green

Direct Access SP

: YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: REFILL MEDICATION FEET CRACK 1 DAY HEADACHE FEET PAIN AND ALLERGIC

Duration:

Vitals

: Temp : 36.2 Bp :142 Pulse :93 Resp :18

Clinical Findings:

Diagnosis

: I10 - Essential (primary) hypertension,E78.5 - Hyperlipidemia, unspecified,L23.9 - Allergic contact dermatitis, unspecified cause,R50.9 - Fever, unspecified,

Date of Onset

: 30/57/2024

Requested Investigations

: 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated Cost

:

Prescriptions

: 7512-014201-1161 - (ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,2027-560101-0391 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM,0688-211505-0391 - (FENOFIBRATE : 145 MG) FILM COATED TABLETS,0252-155401-0391 - (LOSARTAN POTASSIUM : 50 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

:

Signature

:

Date

: 30-Jul-2024

Patient 's signature{Parent : if minor}

:

Date

: Jul-2024

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.