Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: HASEEB LODHI GHAZANFAR MEHMOOD**
Card No	**: I040-029-117681852-01**
Policy Holder	**: HASEEB LODHI GHAZANFAR MEHMOOD**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 06-Dec-1995**
Patient's Tel No	**: 0521005291**

Service Date :01-Aug-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: Dry throat, difficulty breathing, dizziness, headache,. Duration: since yesterday (1day) No cough and no fever. has pain also on the face region in the area of the sinuses. **Duration:**

Vitals: Temp : 36 Bp :102 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J01.10 - Acute frontal sinusitis, unspecified,J03.90 - Acute tonsillitis, unspecified,J21.9 - Acute bronchiolitis, unspecified,R06.00 - Dyspnea, unspecified, **Date of Onset** :01/37/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0207-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 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** : 01-Aug-2024

Signature : **Date** : 01-Aug-2024