

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DEEPAK KUMAR . RAVEENDRA

Card No : I040-029-120358979-01

Policy Holder : DEEPAK KUMAR . RAVEENDRA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 08-Jan-1986

Patient's Tel No : 0547325221

Service Date :15-Aug-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: Pain on the right elbow joint following a fall Duration: 5hours. Said to have slipped and fell in the bathroom thus resulting in the injury Exam: abrasion to the right elbow joint posteriorly. Able to flex the right upper limb actively but with associated pain. X-ray is advised (PATIENT DECLINED, despite counsel to the contrary)_.

Duration:

Vitals:Temp : 37 Bp :124 Pulse :73 Resp :20

Clinical Findings:

Diagnosis: M25.521 - Pain in right elbow,G89.11 - Acute pain due to trauma,

Date of Onset :15/05/2024

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

Estimated Cost :

Prescriptions: 0046-159501-0341 - (SERRATIOPEPTIDASE : 5 MG) ENTERIC COATED TABLETS,0027-149903-0391 - (DICLOFENAC SODIUM : 100 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.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

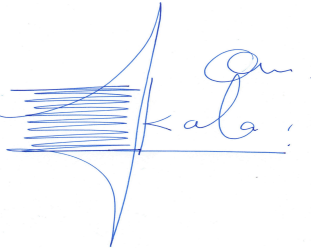
DUBAI - U.A.E.

PATIENT'S 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.

Patient 's signature{Parent : if minor}



15-Aug-2024

Signature : 

Date : 15-Aug-2024