Administrative

MEDICAL CLAIM FORM

Claim Ref:

: DEEPAK KUMAR . RAVEENDRA **Patient**

Service Date :31-Aug-2024 Health

Name

: Green

Card No

Provider

:CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Policy Holder:

: 1040-029-120358979-01 DEEPAK KUMAR.

RAVEENDRA

Doctor's Name

:Enomen Goodluck

Payer Name : UNION INSURANCE COMPANY

Co-Insurance

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

Network

Remarks

TPA

: E CARE - Blue Network

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

Gender : Male

Date Of Birth: 08-Jan-1986 Patient's Tel : 0547325221

No : 0547325221				
☐ Acute ☐ Pre-existing and chronic		☐ Maternit	:y	
Chief Complaints: PC: Severe burning upper abdomina after heavy drinking. There is also burning pains on the a heavy user of alcohol. Over 40units per week Does n	e lower limbs, like pins and needles. H			
Vitals:Temp : 37.2 Bp :133 Pulse :64 Resp :18				
Clinical Findings: Diagnosis: K29.00 - Acute gastritis without bleeding,R1 unspecified,R20.2 - Paresthesia of skin,	10.13 - Epigastric pain,M79.2 - Neuralg	gia and neuritis,	Date of Onset	:31/37/2024
Requested Investigations: 96374, THER/PROPH/DIAG 40MG,0005-136504-1021, SCOPINAL,0005-149902-10. SC/IM,96365, IV INFUSION THERAPY -Antibiotics & Oth GROUPS,9, Consultation GP	21, CLOFEN ,96372, THER/PROPH/DIA ners,INJ014, INJ-NEUROBION VITAMIN	G INJ Cost B		
Prescriptions: 0042-136501-1173 - (HYOSCINE : 10 MG : 500 MG) FILM COATED TABLETS,0005-141604-0081 - (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,032 (THIAMINE (VITAMIN B1) : 100 MG) (PYRIDOXINE (VITA	(ALUMINIUM HYDROXIDE : 200 MG) 25 MG) CHEWABLE TABLETS,0188-232 21-100604-1171 - (VITAMIN B12 : 200	Cost 2401-0392		
MEDICAL PRACTITIONER DECLARATION :		PATIENT'S DECLARAT	ION :	
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.		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 : 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}		31- Date : Aug- 2024
Signature : Date	: 31-Aug-2024			