Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: GANGA KERUNG	**Service Date**	:05-Sep-2024
Card No	: I040-029-113718932-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: GANGA KERUNG	**Doctor's Name**	:Enomen Goodluck
Payer Name	: UNION INSURANCE COMPANY	**Co-Insurance**	:
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 02-01-2024 To 01-01-2025		
Gender	: Male		
Date Of Birth	: 08-Oct-1981		
Patient's Tel No	: 0503621186		

Network : Green

Direct Access SF

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Represented again with high grade fever. Temperature at presentation is 39.2 degree Also complaining of body pain. BP at presentation is noticed to be elevated at 161/100mmhg.

Duration:

Vitals: Temp : 39.2 Bp :161 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site,N39.0 - Urinary tract infection, site not specified,

Date of Onset

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,9.01, Follow Up Consultation GP,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV

Estimated Cost :

Estimated Cost :

Prescriptions:

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 :

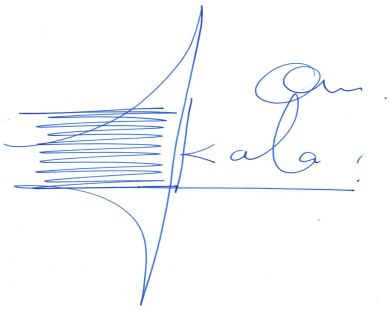
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

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}

Signature :  **Date** : 05-Sep-2024