Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ROBYN CHIRISA**
Card No	**: I040-029-121353782-01**
Policy Holder	**: ROBYN CHIRISA**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 11-09-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 07-Nov-1996**
Patient's Tel No	**: 0542809004**

Service Date :**23-Sep-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 : Flu symptoms; pain in throat, itchiness, pain on swallowing, weakness, headache, nasal congestion, runny nose, and neck stiffness today. Also has photophobia. Duration: 3days Exam: kerning sign is negative. **Duration:**

Vitals: Temp : 36.2 Bp :108 Pulse :65 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R51.9 - Headache, unspecified,G00.9 - Bacterial meningitis, unspecified, **Date of Onset** :23/39/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 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 :** 23-Sep-2024

Signature : **Date** : 23-Sep-2024