Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Janet Muthoki Peter**
Card No	**: I005-029-121227413-01**
Policy Holder	**: Janet Muthoki Peter**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 14-08-2024** To **12-05-2025**
Gender	**: Female**
Date Of Birth	**: 14-Oct-1998**
Patient's Tel No	**: 0543546130**

Service Date **:27-Sep-2024** **Network** **:** Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:Humaira**

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 : co dizzyness weakness feeling blackouts for 2 min. 24th sep. 2024 oe dehydration chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37 Bp :125 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: E86.0 - Dehydration,R42 - Dizziness and giddiness, **Date of Onset** **:** 27/13/2024

Requested Investigations: 9, Consultation GP,0102-152902-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,INJ014, INJ-NEUROBION VITAMIN B GROUPS,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,80051, ELECTROLYTE PANEL,101, GENARAL WELNES CHECKUP (55 TEST),96372, INJECTION SERVICE-IM **Estimated Cost** **:**

Prescriptions: **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.

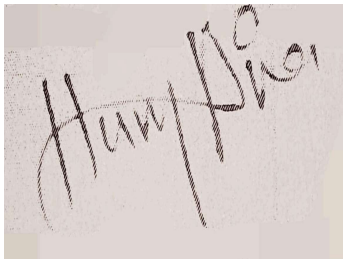
PATIENT'S DECLARATION :

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 **:** Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} **:** **Date :** 27-Sep-2024

Signature :  **Date** **:** 27-Sep-2024