

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 :28-Sep-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :AHSAN HUSSAIN

Network : Green

Direct Access SP - YES

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 : PC: FOLLOW UP WITH REPORTS POTASSIUM 5.5 HIGHER SIDE MUCUS THREAD POSITIVE IN URINE

Duration:

Vitals:Temp : 36.3 Bp :125 Pulse :93 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,E87.5 - Hyperkalemia,R53.1 - Weakness,

Date of Onset :28/20/2024

Requested Investigations: 0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,82947-1, GRBS,9.01, Follow Up Consultation GP

Estimated :
Cost

Prescriptions: 1947-548101-0081 - (CRANBERRY EXTRACT : 120 MG) CHEWABLE TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,

Estimated :
Cost

MEDICAL PRACTITIONER DECLARATION :

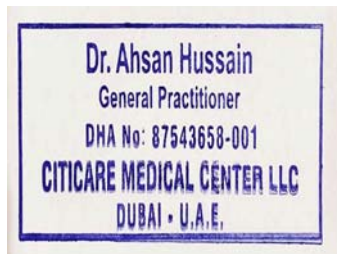
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

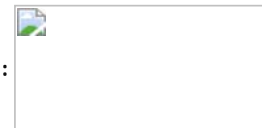
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : AHSAN HUSSAIN

Stamp :



Patient's signature{Parent : if minor}



Date : Sep-2024

Signature :

Date : 28-Sep-2024