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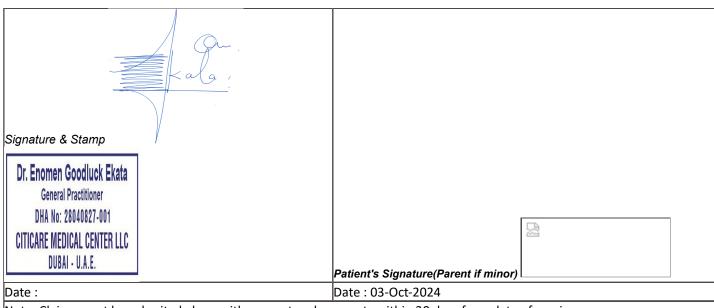
ADMINISTRATIVE The member is allowed for **Out Patient** at the CITICARE MEDICAL CEN **ASHA THATTASSERIL** Patent Name: **PADMAVATHY** Gender: **Female** Validity Between: 25/11/2023 and 2 **NEELAKANDAN Coverage Informaton** 5/25/1978 12:00:00 Card No: 7504-3D2B-B81F-852B DOB: **Out Patient** AM for: RN UAE (Al Ansa Pin #: Identty Card: Network: **MEDGULF** 784-1978-7310218-6 Natonal ID: Service Date: 03-Oct-2024 Radiology: Covered Patent's Tel No: 0564999790 Threshold Policy Holder: Limit: **MEDGULF - THE MEDITERRANEAN** and **GULF INSURANCE and** Payer Name: Class: **Normal** REINSURANCE CO. B.S.C. (C) (DUBAI **BRANCH)** Out-Patent: Patent's File Category: **Category B** 37217 Pharmacy: Co-Part: 20% No: Gatekeeper: No Consultation: Laboratory: Covered Referral No: Referred Service: SUBJECTIVE ASSESSMENT Symptom(s) as described by the patent (Chief Complaint): Date of Symptom DD MM **Complaint** PC: Fever, headache, and photophobia. Also has neck pain but no neck stiffness. Also white vaginal discharge, itching and painful micturition. Duration: 5days (26/09/2024). Also has a history of multiple hydradenitis suppuretiva and has been referred on several occasion to the general surgeon but declined. Date of Sympton O No Past Medical Surgical History? O Yes DD MM Obs/Gyn Claims Date of Sympton

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Note: Claims must be submited along with supporting documents within 30 days from date of service

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