

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : YADANAR HEIN AUNG
Card No : I040-029-120546370-01
Policy Holder : YADANAR HEIN AUNG
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2024 To 01-01-2025
Gender : Female
Date Of Birth : 08-Apr-1992
Patient's Tel No : 0503621186

Service Date :08-Oct-2024
Health :CITICARE MEDICAL CENTER LLC
Provider :Enomen Goodluck
Doctor's Name :

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: flu symptos Fever Duration: 3/10/2024

Duration :

Vitals:Temp : 37.2 Bp :116 Pulse :62 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R07.0 - Pain in throat,M79.10 - Myalgia, unspecified site,R51.9 - Headache, unspecified,

Date of Onset :08/39/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0696-148701-1171 - (LORATADINE : 10 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 :

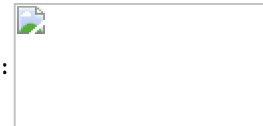
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



08-
Date : Oct-
2024

Signature :

Date : 08-Oct-2024