

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : VIJAY DAYAL . SINGH
Card No : I040-029-120878619-01
Policy Holder : VIJAY DAYAL . SINGH
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 04-06-2024 To 01-01-2025
Gender : Male
Date Of Birth : 23-Oct-1998
Patient's Tel No : 0567284544

Service Date :10-Oct-2024
Health Provider :CITICARE MEDICAL CENTER LLC
Doctor's Name :Humaira
Co-Insurance :

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : co fever on AND OFF TAKING TABLET AT home nasal blockage dry cough 5th Duration: oct 2024
oe chest is congested no added sounds restless smoker alcoholic

Vitals:Temp : 36.3 Bp :120 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified,K29.00 - Acute gastritis without bleeding, **Date of Onset**

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP **Estimated : Cost**

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0207-533801-1451 Cost - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 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 or other organization to release a medical condition & history for p insurance benefits.

Dr's Name : Humaira

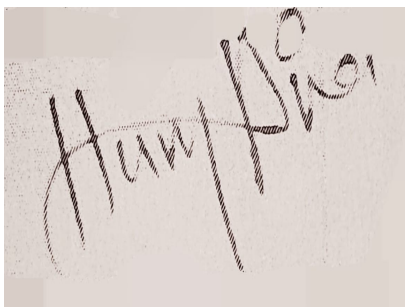
Stamp :

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

Patient's signature{Parent : if minor}



Signature :

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'Hany Dia'.

Date : 10-Oct-2024