

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: GANGA KERUNG	Service Date	:10-Oct-2024	Network	: Green														
Card No	: I040-029-113718932-01	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP	- YES														
Policy Holder	: GANGA KERUNG	Doctor's Name	:Enomen Goodluck																
Payer Name	: UNION INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	: E CARE - Blue Network	Remarks																	
Validity	: 02-01-2024 To 01-01-2025																		
Gender	: Male																		
Date Of Birth	: 08-Oct-1981																		
Patient's Tel No	: 0503621186																		

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: Right upper abdominal pain. Duration 10 days Yellow discolouration of the skin and generalized body itching. Smokes tobacco, stopped drinking over 1 year ago. Had cholecystectomy 3years ago

Duration:

Vitals:Temp : 36.6 Bp :140 Pulse :71 Resp :18

Clinical Findings:

Diagnosis: B17.9 - Acute viral hepatitis, unspecified,R17 - Unspecified jaundice,R10.811 - Right upper quadrant abdominal tenderness,

Date of Onset :10/06/2024

Requested Investigations: 80076, HEPATIC FUNCTION PANEL,82248, BILIRUBIN DIRECT,82247, BILIRUBIN TOTAL,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,9, Consultation GP

Estimated Cost :

Estimated Cost :

Prescriptions:

MEDICAL PRACTITIONER DECLARATION :

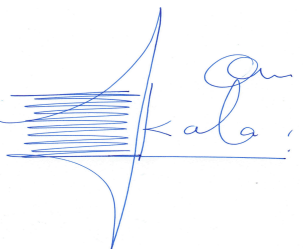
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 :

Signature : 

Date : 10-Oct-2024

Dr. Enomen Goodluck Ekata

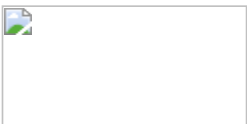
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



Date : Oct-2024