Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: MARIATU BANGURA	**Service Date**	:15-Oct-2024	**Network**	: Green
Card No	: I005-029-119268247-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SF**
Policy Holder	: MARIATU BANGURA	**Doctor's Name**	:Enomen Goodluck		
Payer Name	: DUBAI INSURANCE COMPANY				
TPA	: E CARE - Blue Network				
Validity	: 13-05-2024 To 12-05-2025				
Gender	: Female				
Date Of Birth	: 06-Mar-1998				
Patient's Tel No	: 0557303871				

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 : PC: Nasal congestion, runy nose, and cough, Also fever, Duration: 3days There is no chest pain, no difficulty breathing. **Duration:**

Vitals: Temp : 37.4 Bp :110 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified, **Date of Onset**

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 :

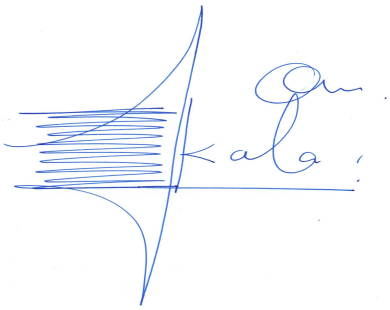
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

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}

Signature :  **Date** : 15-Oct-2024