

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SAROJ GIRI	Service Date :17-Oct-2024	Network : Green														
Card No : I040-029-121504966-01	Health Provider :CITICARE MEDICAL CENTER LLC	Direct Access SP - YES														
Policy Holder : SAROJ GIRI	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 : 14-Apr-1998																
Patient's Tel No : 0551043526																

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: Pain in throat, espially when drinks cold water. Associated blood in sputum upon forcefully clearing throat There is no fever. Also complaint of pain in the right side of the chest. Dry cough.

Vitals:Temp : 36.9 Bp :136 Pulse :97 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R07.0 - Pain in throat,R05 - Cough,

Date of Onset :17/14/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1343-383502-0581 - (MENTHOL : 2 MG) (BENZOCAINE : 15 MG) LOZENGES,0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 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 :

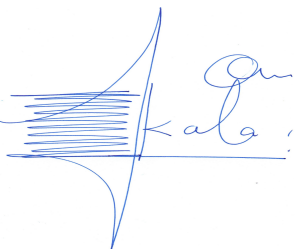
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



Date : 17-Oct-2024

17-
Date : Oct-
2024