Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SAROJ GIRI**
Card No	**: I040-029-121504966-01**
Policy Holder	**: SAROJ GIRI**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 14-Apr-1998**
Patient's Tel No	**: 0551043526**

Service Date **:17-Oct-2024** **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:Enomen Goodluck**

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: Pain in throat, espcially 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. **Duration:**

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

Signature : **Date** : 17-Oct-2024