Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: NARESH GENDA LAL**
Card No	**: I035-029-118743875-01**
Policy Holder	**: NARESH GENDA LAL**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 23-11-2023** To **22-11-2024**
Gender	**: Male**
Date Of Birth	**: 03-Aug-1993**
Patient's Tel No	**: 0569644103**

Service Date :07-Nov-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 during defecation. hard stools, constipation. Duration: 1week. There is no blood in stool. **Duration:**

Vitals: Temp : 36 Bp :130 Pulse :75 Resp :18

Clinical Findings:

Diagnosis: K60.2 - Anal fissure, unspecified,K64.9 - Unspecified hemorrhoids, **Date of Onset** :07/18/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0086-225101-2091 - (POTASSIUM CHLORIDE : 46.6 MG) (POLYETHYLENE GLYCOL : 13.125 G) (SODIUM BICARBONATE : 178.5 MG) (SODIUM CHLORIDE : 350.7 MG) ORAL POWDER,0027-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,0071-158501-0391 - (HESPERIDIN : 50 MG (DIOSMIN (FLAVONOIDIC FRACTION : 450 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 :** 07-Nov-2024

Signature : **Date** : 07-Nov-2024