Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MANJUSHA ADLAKHA NARAYAN LAL ADLAKHA**	**Service Date**	:**14-Nov-2024**
Card No	: **R6604522**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **MANJUSHA ADLAKHA NARAYAN LAL ADLAKHA**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**		
Validity	: **31-07-2024** To **30-07-2025**		
Gender	: **Female**	**Remarks**	:
Date Of Birth	: **17-Oct-1979**		
Patient's Tel No	: **0523668349**		

Network : Green

Direct Access SI

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : PC: Presented to discuss her mammography report. Mammography was first routinly done 2years ago and showed BIRAD IVA but a follow up biopsy was not done. She again decided to routinely do another mammography which shows similar report (BIRAD IVA). Patient is advised to see a specialist (General surgery) for further management. Breast examination is defferred. **Duration:**

Vitals: Temp : 36.5 Bp :98 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: N63.11 - Unspecified lump in the right breast, upper outer quadrant, **Date of Onset** :1

Estimated Cost :

Requested Investigations: 9, Consultation GP

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 :

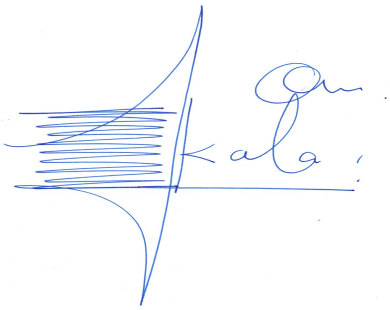
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

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** : 14-Nov-2024