Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Janet Muthoki Peter**
Card No	**: I005-029-121227413-01**
Policy Holder	**: Janet Muthoki Peter**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 14-08-2024** To **12-05-2025**
Gender	**: Female**
Date Of Birth	**: 14-Oct-1998**
Patient's Tel No	**: 0543546130**

Service Date **:19-Nov-2024** **Network** : Green

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

Doctor's Name **:Humaira**

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 : co headache dizzyness 13th nov. 2024 oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.5 Bp :100 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: D64.9 - Anemia, unspecified,E86.0 - Dehydration, **Date of Onset** : 19/34/2024

Requested Investigations: 83540, IRON,83550, IRON BINDING CAPACITY,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0097-230603-0832 - (ORAL REHYDRATION SALTS (O.R.S. : N/A POWDER FOR SOLUTION, **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.

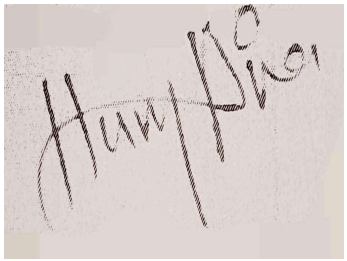
PATIENT'S DECLARATION :

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 : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date** : 19-Nov-2024

Signature :  **Date** : 19-Nov-2024