

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JUSTIN RODRIGUE
ENDANG AMOUGOU
Card No : I005-029-121294570-01
Policy Holder : JUSTIN RODRIGUE
ENDANG AMOUGOU

Payer Name : DUBAI INSURANCE
COMPANY

TPA : E CARE - Blue Network

Validity : 03-09-2024 To 02-09-2025

Gender : Male

Date Of Birth : 15-Apr-1991

Patient's Tel No : 0585839224

Service Date :19-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: An unusual discomfort in the penis. Said to be aggravated with he presses on the the urethral. There is no frequency of urine, no straining, no pain on micturition.

Vitals:Temp : 36.9 Bp :120 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: N34.1 - Nonspecific urethritis, Date of Onset : 19/18/2024

Requested Investigations: 9, Consultation GP,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY Estimated Cost :

Prescriptions: 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 :

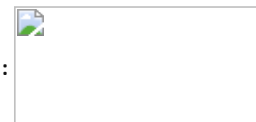
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient 's signature{Parent : if minor}



Date : Nov-2024

Signature :

Date : 19-Nov-2024