## 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 :20-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 :** **Duration** :

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

**Clinical Findings:**

**Diagnosis:** N34.1 - Nonspecific urethritis,R30.9 - Painful micturition, unspecified, **Date of Onset** :20/09/2024

**Requested Investigations:** 0195-107704-0802, CEFTRIAXONE-TABUK IM,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP **Estimated Cost** :

**Prescriptions:** 0097-127405-0391 - (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 :** 20-Nov-2024

**Signature :** **Date** : 20-Nov-2024