Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: PENINNAH MUTUWA	**Service Date**	:23-Nov-2024
Card No	: I040-029-116817510-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: PENINNAH MUTUWA	**Doctor's Name**	:Enomen Goodluck
Payer Name	: UNION INSURANCE COMPANY	**Co-Insurance**	
TPA	: E CARE - Green Network	**Validity**	: 01-10-2024 To 30-09-2025
Gender	: Female	**Remarks**	:
Date Of Birth	: 14-Jan-1993		
Patient's Tel No	: 0553635898		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

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

Chief Complaints : PC: Fever and generalized body pains, Duration: 8days (15th/11/2024). Had previously presented but with no significant relief. Patient is reassurred. Ibuprofen added for the fever. **Duration:**

Vitals: Temp : 37 Bp :100 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified, **Date of Onset :**23/05/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0046-149902-0511, INFLA-BAN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,9.01, Follow Up Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH **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

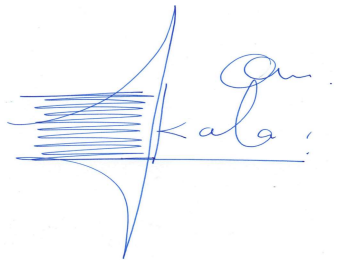
Stamp :

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 : 23-Nov-2024

Signature :



Date : 23-Nov-2024