

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HASEEB LODHI GHAZANFAR
Card No : I040-029-117681852-01
Policy Holder : HASEEB LODHI GHAZANFAR
Payer Name : MEHMOOD
TPA : UNION INSURANCE COMPANY
Validity : E CARE - Blue Network
Gender : 02-01-2024 To 01-01-2025
Date Of Birth : Male
Patient's Tel No : 0521005291

Service Date: 25-Nov-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SI

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : PC: pain in throat, headache, fever and generalized body pains. Duration: 3 days (21/11/2024). Associated nasal congestion, runny nose and sneezing.

Vitals:Temp : 36.6 Bp :110 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J01.20 - Acute ethmoidal sinusitis, unspecified,J30.9 - Allergic rhinitis, unspecified,M79.10 - Myalgia, unspecified site,

Date of Onset

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE : 50 MCG/DOSE NASAL SPRAY,0102-169701-1161 - (AMMONIUM CHLORIDE : N/A) (DIPHENHYDRAMINE : N/A) SYRUP,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0102-106704-1161 - (CHLORPHENIRAMINE : 0.75 MG/5 ML (PARACETAMOL : 120 MG/5ML (PSEUDOEPHEDRINE : 15 MG/5ML SYRUP,2027-560101-0392 - (IBUPROFEN : 150 MG (PARACETAMOL : 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 or other organization to release a medical condition & history for insurance benefits.

Dr's Name : Enomen Goodluck

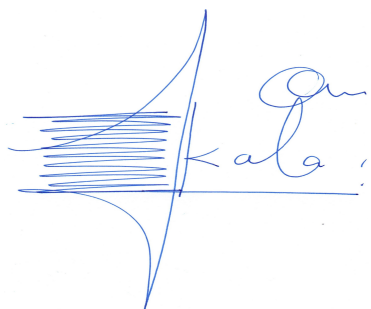
Stamp :

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 : 28-Nov-2024