Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **HASEEB LODHI GHAZANFAR MEHMOOD**	**Service Date**	:**25-Nov-2024**
Card No	: **I040-029-117681852-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **HASEEB LODHI GHAZANFAR MEHMOOD**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**		
Validity	: **02-01-2024** To **01-01-2025**	**Remarks**	:
Gender	: **Male**		
Date Of Birth	: **06-Dec-1995**		
Patient's Tel No	: **0521005291**		

Network : Green

Direct Access Sl

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

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

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. **Duration:**

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 :

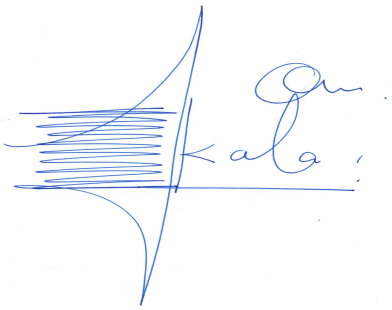
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

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** : 25-Nov-2024