

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : LIEZEL SUICO DESABILLE Service Date : 25-Nov-2024 Network : Green
Card No : I040-029-113719145-01 Health Provider : CITICARE MEDICAL CENTER LLC Direct Access S#
Policy Holder : LIEZEL SUICO DESABILLE 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 : Female
Date Of Birth : 19-Oct-1974
Patient's Tel No : 0567312820

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

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : For medication refill. has nil complaint. Duration :

Vitals: Temp : 36.7 Bp : 150 Pulse : 78 Resp : 18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension, Z76.0 - Encounter for issue of repeat prescription, Z79.899 - Other long term (current) drug therapy, E78.5 - Hyperlipidemia, unspecified, Date of Onset

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0013-186702-0391 - (LOSARTAN POTASSIUM : 50 MG) (HYDROCHLOROTHIAZIDE : 12.5 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 or other organization to release a patient's medical condition & history for purposes of insurance benefits.

Dr's Name : Enomen Goodluck

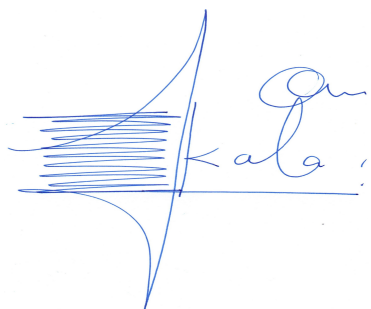
Stamp :

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