

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMED ENAYATULLAH KHAN
Card No : I040-029-117305023-01
Policy Holder : MOHAMED ENAYATULLAH KHAN
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2024 To 01-01-2025
Gender : Male
Date Of Birth : 29-Nov-1978
Patient's Tel No : 0563014230

Service Date :28-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 : PC: Complaint of bad smell in his stool There is no abdominal pain, no change in bowel habit, no fever, no blood or mucus in stool Patient is reassured and reminded that stool is supposed to be smelly. Counselling to avoid high protein diet for a few days and deal more vegetables and fruits.

Duration:**Vitals:**Temp : 36.8 Bp :130 Pulse :78 Resp :18**Clinical Findings:****Diagnosis:** K52.9 - Noninfective gastroenteritis and colitis, unspecified,**Date of Onset** : 28/11/2024**Requested Investigations:** 9, Consultation GP **Estimated Cost** :**Prescriptions:** **Estimated Cost** :**MEDICAL PRACTITIONER DECLARATION :**

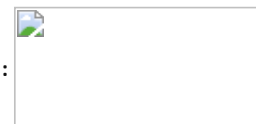
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 :** 28-Nov-2024**Signature :****Date** : 28-Nov-2024