

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MANJUSHA ADLAKHA
NARAYAN LAL ADLAKHA
Card No : R6604522
Policy Holder : MANJUSHA ADLAKHA
NARAYAN LAL ADLAKHA
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 31-07-2024 To 30-07-2025
Gender : Female
Date Of Birth : 17-Oct-1979
Patient's Tel No : 0523668349

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

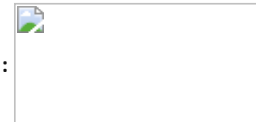
Chief Complaints : For follow up Was previously referred by me to the specialist breast surgeon **Duration:** but she went to Aster and the surgeon sent her back to me to request USG guided FNAC. I cannot make this specialized procedure request as per insurance policy. Patient is counselled to go another hospital.

Vitals:Temp : 36.5 Bp :110 Pulse :74 Resp :18**Clinical Findings:****Diagnosis:** N63.11 - Unspecified lump in the right breast, upper outer quadrant, **Date of Onset** :28/47/2024**Estimated Cost** :**Requested Investigations:** 9, Consultation GP**Estimated Cost** :**Prescriptions:****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 :****Patient's signature{Parent : if minor}****Date :** 28-Nov-2024**Signature :****Date** : 28-Nov-2024