

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

BATHA BILE
: SIBANESIHLE
HADEBE

Card No

I005-029-
121769529-01

Policy Holder

BATHA BILE
: SIBANESIHLE
HADEBE

Payer Name

DUBAI
: INSURANCE
COMPANY

TPA

E CARE - Blue
: Network

Validity

13-05-2024 To
12-05-2025

Gender

: Female

Date Of Birth

: 10-Jun-1998

Patient's Tel No

: 0037605448159

Service Date

:10-Dec-2024

Health Provider

:CITICARE MEDICAL
CENTER LLC

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

:

Network

: Green

Direct Access SP

- YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: Upper abdominal pain Duration: 1 week. Pain is located at the epigastrium, of gradual onset, worst when hungry and radiates to the back. Has associated throat pain, headache and fever. Also has lower abdominal pain (possibly period pain) LMP: 09/12/2024,

Duration:

Vitals

:Temp : 36.3 Bp :139 Pulse :80 Resp :18

Clinical Findings:

Diagnosis

: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,J06.9 - Acute upper respiratory infection, unspecified,R07.0 - Pain in throat,N39.0 - Urinary tract infection, site not specified,

Date of Onset

:10/35/2024

Requested Investigations

: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96374, THER/PROPH/DIAG INJ IV PUSH,0005-174202-0781, RISEK 40MG,0005-136504-1021, SCOPINAL,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT

Estimated Cost

Prescriptions

: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS,0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG (MAGNESIUM HYDROXIDE : 200 MG (SIMETHICONE : 25 MG CHEWABLE TABLETS,0137-242801-0342 - (PANTOPRAZOLE (AS SODIUM : 20 MG ENTERIC 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.

Dr's Name

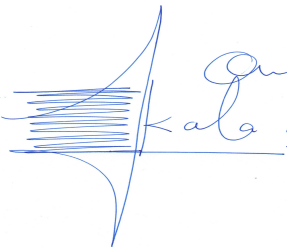
: Enomen Goodluck

Stamp

:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature

:

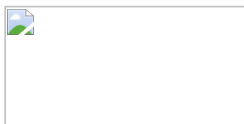
Date

: 10-Dec-2024

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.

Patient 's signature{Parent : if minor}



Date

: Dec-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appId=55790&patId=54146

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