## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **CAROLYNE WANJIRU . KURIA** | **Service Date** | :**11-Dec-2024** |
| **Card No** | : **I040-029-120035872-01** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **CAROLYNE WANJIRU . KURIA** | **Doctor's Name** | :**Enomen Goodluck** |
| **Payer Name** | : **UNION INSURANCE COMPANY** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **02-01-2024** To **01-01-2025** | | |
| **Gender** | : **Female** | | |
| **Date Of Birth** | : **24-Apr-1993** | | |
| **Patient's Tel No** | : **0557172590** | | |

**Network** : Green

**Direct Access SP - YES**

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% | NA |

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

**Chief Complaints :** PC: Central back pain. Duration: 2 days (10/12/2024). There's no fever. **Duration :**

**Vitals:**Temp : 36.8 Bp :116 Pulse :72 Resp :18

**Clinical Findings:**

**Diagnosis:** K29.70 - Gastritis, unspecified, without bleeding,R10.13 - Epigastric pain,R52 - Pain, unspecified, **Date of Onset :**11/59/2024

**Estimated Cost :**

**Requested Investigations:** 9, Consultation GP

**Prescriptions:** 0188-232401-0391 - (ESOMEPRAZOLE : 40 MG FILM COATED TABLETS,3735-377602-0391 - (PARACETAMOL : 500 MG (CODEINE PHOSPHATE : 30 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, 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 :** 11-Dec-2024

**Signature :**

**Date** : 11-Dec-2024