## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **PARTHIV DEWAN DINESH DEWAN** | **Service Date** | :**14-Dec-2024** |
| **Card No** | : **I022-029-115720168-01** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **PARTHIV DEWAN DINESH DEWAN** | **Doctor's Name** | :**AHSAN HUSSAIN** |
| **Payer Name** | : **TAKAFUL EMARAT** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **12-09-2024** To **11-09-2025** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **17-Feb-1993** | | |
| **Patient's Tel No** | : **971551709377** | | |

**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: numbness in your left arm chest pain on breathing history of hyperlipidemia **Duration:**

**Vitals:**Temp : 36 Bp :122 Pulse :64 Resp :18

**Clinical Findings:**

**Diagnosis:** R07.9 - Chest pain, unspecified,E78.5 - Hyperlipidemia, unspecified,M62.830 - Muscle spasm of back, **Date of Onset:**14/41/2024

**Requested Investigations:** 80061, LIPID PANEL,93000, ELECTROCARDIOGRAM COMPLETE,9, Consultation GP **Estimated Cost** :

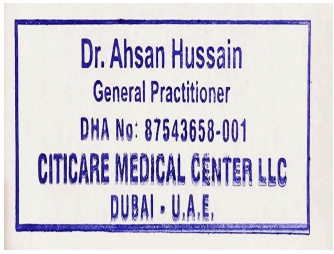
**Prescriptions:** 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS, **Estimated Cost** :

**MEDICAL PRACTITIONER DECLARATION :**

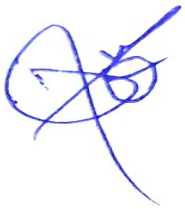
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

**Dr's Name** : AHSAN HUSSAIN

**Stamp :**




**Signature :**



**Date** : 14-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 :** 14-Dec-2024