

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: ANISHA ANIL KATTIKKARAN	Service Date	:15-Dec-2024	Network	: Green														
Card No	: I040-029-121542378-01	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP - YES															
Policy Holder	: ANISHA ANIL KATTIKKARAN	Doctor's Name	:Humaira																
Payer Name	: UNION INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	: E CARE - Blue Network	Remarks																	
Validity	: 02-01-2024 To 01-01-2025																		
Gender	: Female																		
Date Of Birth	: 29-Sep-1999																		
Patient's Tel No	: 0553685056																		

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints :	Duration :
Vitals:	
Clinical Findings:	
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R05 - Cough,E86.0 - Dehydration,	Date of Onset :19/06/2024
Requested Investigations: 9, Consultation GP,0006-402803-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT	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 : Humaira

Stamp :

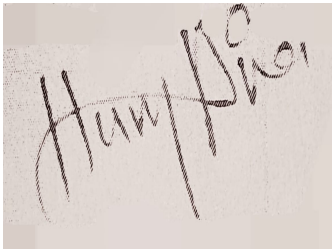
Dr. Humaira Mumtaz

General Practitioner

DHA No: 54155530-002

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature :

Date : 19-Dec-2024

Patient 's signature{Parent : if minor}



Date : Dec-2024