

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JEET BAHADUR KHATRI
Card No : I040-029-120209240-01
Policy Holder : JEET BAHADUR KHATRI
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2024 To 01-01-2025
Gender : Male
Date Of Birth : 02-Aug-1980
Patient's Tel No : 0504753940

Service Date :16-Dec-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 A known hypertensive not compliant with medications. Has not had his BP medicines for over 2 weeks. BP today is 160/100mmhg C/o: headache and low back pain. **Duration:**

Vitals:Temp : 36.8 Bp :160 Pulse :92 Resp :18**Clinical Findings:****Diagnosis:** I10 - Essential (primary) hypertension,R51.9 - Headache, unspecified,M54.5 - Low back pain, **Date of Onset :**16/24/2024**Estimated Cost :****Requested Investigations:** 9, Consultation GP

Prescriptions: 2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,3735-377602-0391 - (PARACETAMOL : 500 MG (CODEINE PHOSPHATE : 30 MG FILM COATED TABLETS,0207-379202-1171 - (AMLODIPINE (AS BESYLATE : 10 MG TABLETS, **Estimated : Cost**

MEDICAL PRACTITIONER DECLARATION :

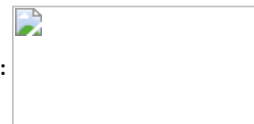
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 :** Dec-2024**Signature :****Date :** 16-Dec-2024