Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **JEET BAHADUR KHATRI**	**Service Date**	:**17-Dec-2024**
Card No	: **I040-029-120209240-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **JEET BAHADUR KHATRI**	**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	: **Male**		
Date Of Birth	: **02-Aug-1980**		
Patient's Tel No	: **0504753940**		

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: Headache, fever, weakness, inability to sleep and generalized body pain. **Duration:** Duration: 2days. Has cough and noisy breathing.

Vitals: Temp : 36.4 Bp :136 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding,N39.0 - Urinary tract infection, site not specified, **Date of Onset** :17/54/2024

Requested Investigations: 0005-174202-0781, RISEK 40MG,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0054-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0252-389902-1171 - (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 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 : 17-Dec-2024

Signature :

Date : 17-Dec-2024