

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : VIGNESHKUMAR LAKSHMANAN LAKSHMANAN
Card No : I005-029-119704083-01
Policy Holder : VIGNESHKUMAR LAKSHMANAN LAKSHMANAN
Payer Name : DUBAI INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 08-08-2024 To 07-08-2025
Gender : Male
Date Of Birth : 23-Jan-1994
Patient's Tel No : 0523864580

Service Date : 26-Dec-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : PC: pain, swelling and purulent discharge from the big toe of the right foot. **Duration:** 20days. Not diabetic and has no other medical condition of note. There is no history of trauma. Exam: evidence of nail bed cellulitis with abscess on the medial one 3rd of the big toe.

Vitals:Temp : 36 Bp :110 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: L03.115 - Cellulitis of right lower limb,R52 - Pain, unspecified, **Date of Onset** : 31/22/2024

Requested Investigations: 9.01, Follow Up Consultation GP,11765, WEDGE EXCISION SKIN NAIL FOLD,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN

Estimated Cost :

Prescriptions: 1516-107903-1171 - (IBUPROFEN : 600 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 :

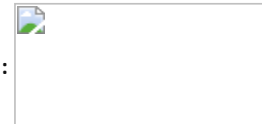
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :

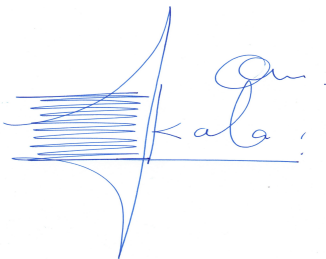
Dr. Enomen Goodluck Ekata
 General Practitioner
 DHA No: 28040827-001
 CITICARE MEDICAL CENTER LLC
 DUBAI - U.A.E.

Patient's signature{Parent : if minor}



Date : Dec-2024

Signature :



Date : 31-Dec-2024