Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: DEEPAK KUMAR . RAVEENDRA**
Card No	**: I040-029-120358979-01**
Policy Holder	**: DEEPAK KUMAR . RAVEENDRA**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 08-Jan-1986**
Patient's Tel No	**: 0547325221**

Service Date **:27-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 : PC: Pain on the right ear, triggered on opening the mouth. Duration: 2 days. **Duration:**
No history of trauma. No fever, no flu symptoms, no ear symptoms. Examination: ear examination is essentially normal. TMJ arthropathy suspected.

Vitals: Temp : 0 Bp :130 Pulse :60 Resp :18

Clinical Findings:

Diagnosis: H92.09 - Otalgia, unspecified ear, **Date of Onset** **:** 04/27/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** **:**

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, **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 :** 04-Jan-2025

Signature : **Date** **:** 04-Jan-2025