

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

Health : CITICARE MEDICAL CENTER LLC

Provider : Enomen Goodluck
Name

Network : Green

Direct Access SP - YES

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 :

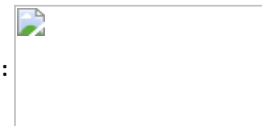
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent :
if minor}



04-
Date : Jan-
2025

Signature :

Date : 04-Jan-2025