Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **VALLARI VIJAY POHARKAR**	**Service Date**	:**30-Dec-2024**
Card No	: **I022-029-121894114-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **VALLARI VIJAY POHARKAR**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **25-12-2024** To **24-12-2025**		
Gender	: **Female**		
Date Of Birth	: **03-Jan-1996**		
Patient's Tel No	: **585045262**		

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: right lumbar pain, nausea, vomiting and pain on passing urine. Duration: **Duration:** 3 days. Associated intermittent low grade fever. smokes tobacco 5 sticks per day not hypertensive and not diabetic but has a history of PCOD with irregular periods . LMP: 15/12/2024 (came after 3 months of amenorrhea).

Vitals: Temp : 36.6 Bp :114 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: N10 - Acute pyelonephritis,N20.2 - Calculus of kidney with calculus of ureter,N39.0 - Urinary tract infection, site not specified,R11.10 - Vomiting, unspecified,K29.70 - Gastritis, unspecified, without bleeding, **Date of Onset** :30/05/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP,9, Consultation GP **Estimated Cost** :

Prescriptions: 0188-232401-0391 - (ESOMEPRAZOLE : 40 MG FILM COATED TABLETS,0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS, **Estimated Cost** :

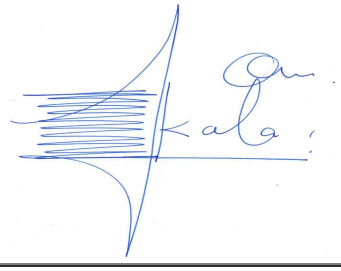
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name : Enomen Goodluck

Stamp :

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

Signature : 

Date : 30-Dec-2024

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.

Patient 's signature{Parent if minor} :

Date : 30-Dec-2024