Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Sachin Pandurang Vinherkar**	**Service Date**	:**30-Dec-2024**
Card No	: **I040-029-113718954-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **Sachin Pandurang Vinherkar**	**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	: **07-Jan-1984**		
Patient's Tel No	: **0503667303**		

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 : Fever, cough and generalized body pains, Duration: 21/12/2024 Positive history of atopy not hypertensive and not diabetic. **Duration:**

Vitals: Temp : 36.9 Bp :128 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R07.0 - Pain in throat, **Date of Onset** :31/10/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP,9, Consultation GP

Prescriptions: 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,1516-107902-1171 - (IBUPROFEN : 400 MG) 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.

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 : 31-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 : 31-Dec-2024