Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: SARITA NEUPANE**	**Service Date**	**:19-Jan-2025** **Network** : Green
Card No	**: I040-029-120704971-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	**: SARITA NEUPANE**	**Doctor's Name**	**:SANDIA**
Payer Name	**: UNION INSURANCE COMPANY**		
TPA	**: E CARE - Blue Network**		
Validity	**: 02-01-2025** To **01-01-2026**		
Gender	**: Female**		
Date Of Birth	**: 27-Sep-2001**		
Patient's Tel No	**: 0501327955**		

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 : throat pain , dru cough , body ache , for 5 days no other med conditions **Duration:**
o/e : swolen tonsils

Vitals: Temp : 36 Bp :119 Pulse :71 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R05 - Cough, **Date of Onset** : 19/03/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost :**

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-107101-0051 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) CAPLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 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.

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 : SANDIA

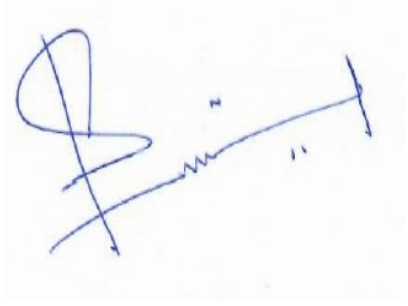
Stamp :

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 19-Jan-2025

Signature :



Date : 19-Jan-2025