

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : GOKUL KRISHNA
THACHARIL SUBRAMANIAN
Card No : I040-029-120817373-01
Policy Holder : GOKUL KRISHNA
THACHARIL SUBRAMANIAN
Payer Name : UNION INSURANCE
COMPANY
TPA : E CARE - Blue Network
Validity : 01-01-2026 To 01-01-2026
Gender : Male
Date Of Birth : 05-Jul-2001
Patient's Tel No : 971563093585

Service Date : 26-Jan-2025
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : DR Amaizah

Network : Green
Direct Access SP - YES

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 : sorethroat, cough , runny nose, bodypain and fever for 3 days bp is elevated not allergic to any med hx of recurrent sinusitis o/e hyperemia of pharynx chest is congested
Duration:

Vitals:Temp : 36.6 Bp :150 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, **Date of Onset** :26/05/2025
 unspecified,R05 - Cough,J01.41 - Acute recurrent pansinusitis,

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG FILM COATED TABLETS,0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,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 :

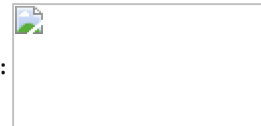
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : DR Amaizah

Stamp :

Dr. Amaizah Ishtiaq
 General Practitioner
 DHA: 98486553-001
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E

Patient 's signature{Parent : if minor}



Date : 26-Jan-2025

Signature :

Date : 26-Jan-2025