Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: IDRISSA JUMANNE LIKYPILA**
Card No	**: I040-029-121370818-01**
Policy Holder	**: IDRISSA JUMANNE LIKYPILA**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Male**
Date Of Birth	**: 20-Oct-1987**
Patient's Tel No	**: 0544525804**

Service Date :**29-Jan-2025** **Network** : Green

Health Provider :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name :**DR Amaizah**

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 : body weakness , sneezing , body pain for 2 days loss of appetite **Duration :**

Vitals: Temp : 36.5 Bp :120 Pulse :60 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,K29.00 - Acute gastritis without bleeding,R53.1 - Weakness, **Date of Onset :**29/33/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0009-368802-1171 - (CEFPODOXIME (AS PROXETIL : 200 MG TABLETS,5254-830602-2401 - (VITAMIN B1 (THIAMINE : 100 MG (VITAMIN B6 (AS PYRIDOXINE HCL : 200 MG (VITAMIN B12 (CYANOCOBALAMIN : 200 MCG SUGAR COATED TABLETS,6616-533802-1751 - (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) GASTRO-RESISTANT TABLETS,0027-149903-0391 - (DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 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.

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

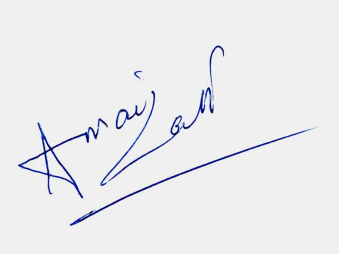
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 29-Jan-2025

Signature :



Date : 29-Jan-2025