

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SMARIKA THAPA HARI KUMAR THAPA CHHETRI

Card No : I040-029-118791094-01

Policy Holder : SMARIKA THAPA HARI KUMAR THAPA CHHETRI

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2025 To 01-01-2026

Gender : Female

Date Of Birth : 19-Oct-1992

Patient's Tel No : 0552049819

Service Date:11-Feb-2025

Health Provider :CITICARE MEDICAL CENTER LLC

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 :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC : SWELLING AND REDNESS OF LOWER EYELID OF RT EYE STARTED YESTERDAY MELASMA. AND HYPOPIGMENTTYED AREAS ON FACE NO HX OF FOOD OR DRUG ALLERGY O/E : SWOLLEN , RED EYE LID

Vitals:Temp : 36.6 Bp :120 Pulse :74 Resp :22

Clinical Findings:

Diagnosis: R21 - Rash and other nonspecific skin eruption,R50.9 - Fever, unspecified,L03.211 - Cellulitis of face, Date of Onset :11/25/2025

Requested Investigations: 85027, BLOOD COUNT COMPLETE AUTOMATED,86140, C REACTIVE PROTEIN,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated Cost :

Prescriptions:

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 : DR Amaizah

Stamp :

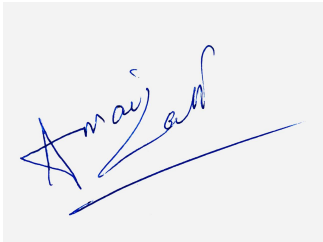
Dr. Amaizah Ishtiaq

General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature :

Date : 11-Feb-2025

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 : Feb-2025