

Patient Name : HAYDAR ALI KHAN

Card No : I040-029-113085013-01

Policy Holder : HAYDAR ALI KHAN

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 30-03-2024 To 29-03-2025

Gender : Male

Date Of Birth : 17-Feb-1985

Patient's Tel No : 0581504807

Service Date :23-Mar-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :DR Amaizah

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATER
10% max	NIL	NIL	NIL LIMIT	NIL	10%

Remarks :

Network : Green

Direct Access SP

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : FOLLOW UP FOR REMOVAL OF STITCHES

Duration :

Vitals:Temp : 36.2 Bp :120 Pulse :64 Resp :18

Clinical Findings:

Diagnosis: S61.112S - Laceration w/o fb of left thumb w damage to nail, sequela,R52 - Pain, unspecified,

Date of Onse

Requested Investigations: 15850, REMOVAL OF SUTURES,0005-149902-1021, CLOFEN ,51.01, Non-surgical cleansing with surgical dressing 16 sq inches / 100 sq centimeters or less,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated Cost :

Prescriptions:

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 Healthca Employer or other organization regarding my medical condition determining insurance benefits.

Dr's Name : DR Amaizah

Stamp :

Dr. Amaizah Ishtiaq

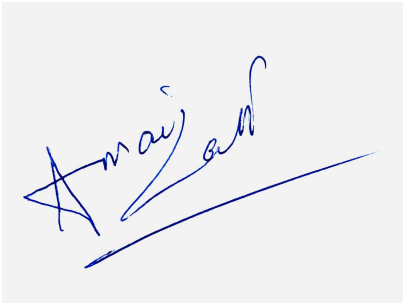
General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Patient ‘s signature{Parent : if minor}



Date : 23-Mar-2025