Administrative

MEDICAL CLAIM FORM

:Humaira

10% max

NIL

Claim Ref:

NIL 10%

NA

Patient

: TEBOGO RUTH MOTAU

Service Date :26-Mar-2025

: Green

Name

Health Provider

Network :CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**

NIL

Card No

: 1040-029-120319774-01

Doctor's Name

Policy Holder: TEBOGO RUTH MOTAU

UNION INSURANCE

Co-Insurance

CONSULTATION LAB/RADIOLOGY PHYSIO PHARMACY IP MATERNITY DENTAL NIL LIMIT

Payer Name : TPA

: E CARE - Blue Network

Validity

05-02-2025 To 04-02-

2026

COMPANY

Remarks

Gender : Female Date Of Birth: 27-Nov-1997 Patient's Tel

No

: 0551542093

L	Acute	Pre-existing and chronic	

Chief Complaints: dizziness in the morning headache and whole body pain high blood pressure Duration:

which is seen today by her. sometimes she had swelling on foot previous history of iron

deficiency anemia previous history of hyperlipidemia

Vitals:Temp: 36.9 Bp: 152 Pulse: 77 Resp: 0

Clinical Findings:

Diagnosis: 110 - Essential (primary) hypertension, E78.5 - Hyperlipidemia, unspecified, M54.5 - Low back pain, R42 -Date of :26/28/2025

Dizziness and giddiness,

Estimated

Cost

Cost

Requested Investigations: 80061, LIPID PANEL,84550, URIC ACID BLOOD,85027, BLOOD COUNT

COMPLETE AUTOMATED,9, Consultation GP

Estimated

Prescriptions: 4754-379201-1171 - (AMLODIPINE (AS BESYLATE : 5 MG TABLETS,0135-223401-1171 (NAPROXEN: 500 MG) TABLETS,

I declare that I am the patient's medical practitioner and that the particulars given are to

MEDICAL PRACTITIONER DECLARATION:

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 : Humaira Name

Stamp:

Dr. Humaira Mumtaz **General Practitioner** DHA No: 54155530-002 CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Patient 's signature{Parent: if minor}

26-Date : Mar-2025

Signature:

Date : 26-Mar-2025