Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: EI THANDAR PHYO**	**Service Date**	**:03-Apr-2025**
Card No	**: I040-029-120585627-01/AE/2025/G/22410**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: EI THANDAR PHYO**	**Doctor's Name**	**:Humaira**
Payer Name	**: UNION INSURANCE COMPANY**	**Co-Insurance**	**:**
TPA	**: E CARE - Blue Network**	**Remarks**	**:**
Validity	**: 02-01-2025** To **01-01-2026**		
Gender	**: Female**		
Date Of Birth	**: 14-May-2000**		
Patient's Tel No	**: 0559260890**		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : low blood pressure low back pain fatigue weakness dry lips active sign of dehydration **Duration:**

Vitals: Temp : 36.2 Bp :108 Pulse :85 Resp :0

Clinical Findings:

Diagnosis: M54.5 - Low back pain,E86.0 - Dehydration,R53.1 - Weakness, **Date of Onset** :03/47/2025

Requested Investigations: 0005-149902-1021, CLOFEN ,96365, THER/PROPH/DIAG IV INF INIT,85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,9, Consultation GP **Estimated Cost :**

Prescriptions: 6619-608703-0831 - (SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION,0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,0031-149904-1171 - (DICLOFENAC SODIUM : 50 MG 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, Insu Employer or other organization to release any in regarding my medical condition & history for pu determining insurance benefits.

Dr's Name : Humaira

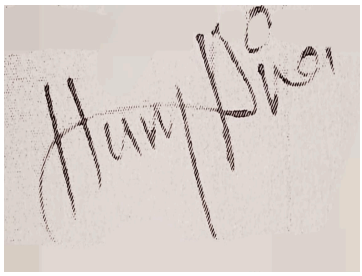
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

D

Signature :



Date : 03-Apr-2025