

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : EI THANDAR PHYO

Card No : I040-029-120585627-01

Policy Holder : EI THANDAR PHYO

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Female

Date Of Birth : 14-May-2000

Patient's Tel No : 0559260890

Service Date :03-Apr-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Humaira

Co-Insurance :

Remarks :

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 : 03/06/2025

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,0095-238001-0171 - (DICLOFENAC ACID : 46.5MG) DISPERSIBLE 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.

Dr's Name : Humaira

Stamp :

Signature :

Date : 03-Apr-2025

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.

Patient ‘s signature{Parent : if minor}