

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NISAL GURUNG
Card No : I040-029-121353783-01
Policy Holder : NISAL GURUNG
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2025 To 01-01-2026
Gender : Male
Date Of Birth : 28-Feb-1989
Patient's Tel No : 0509869230

Service Date :05-Apr-2025
Health Provider :CITICARE MEDICAL CENTER LLC
Doctor's Name :DR Amaizah

Network : Green
Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : ORE THROAT , BODYPAIN , HEADACHE , LETHARGY AND COUGH WHICH IS DRY STRATED 03/04/25 NOW STARTED BLOOD STAINED MUCOUS HEMOPTYSIS SRATED 05/04/25 O/E : LOOK LETHARGIC FEBRILE TONSILLS ARE SWOLEN , RED WITH PUS POINTS HYPEREMIC PHARYN X CHEST WHEEZING

Duration:**Vitals:**Temp : 36.7 Bp :120 Pulse :86 Resp :18**Clinical Findings:****Diagnosis:** J03.90 - Acute tonsillitis, unspecified,R04.2 - Hemoptysis,R06.2 - Wheezing,R50.9 - Fever, unspecified, **Date of Onset:**05/49/2025

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, **Estimated Cost :**
PULMICORT,96372, THER/PROPH/DIAG INJ SC/IM

Prescriptions: 0188-135907-2441 - (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION, **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, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : DR Amaizah

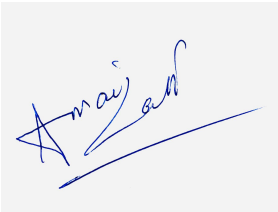
Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's
signature{Parent :
if minor}

05-
Date : Apr-
2025

Signature :



Date : 05-Apr-2025