Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: LAKAI MITRA JATINDRA MITRA MITRA**
Card No	**: I040-029-113719086-01**
Policy Holder	**: LAKAI MITRA JATINDRA MITRA MITRA**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Male**
Date Of Birth	**: 05-Mar-1982**
Patient's Tel No	**: 508842935**

Service Date :16-Apr-2025 **Network** : Green

Health Provider :CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**

Doctor's Name :Dr.Farhan Iyas

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 : itching in head dry skin redness and small blisters coming sometimes **Duration :**

Vitals: Temp : 36.8 Bp :130 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: L20.84 - Intrinsic (allergic) eczema,T78.40XS - Allergy, unspecified, sequela, **Date of Onset :**16/15/2025

Requested Investigations: 82040, ALBUMIN SERUM PLASMA/WHOLE BLOOD,86140, C REACTIVE PROTEIN,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0005-119803-1173 - (PREDNISOLONE : 20 MG) TABLETS,0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,5252-027801-0151 - (BETAMETHASONE (AS DIPROPIONATE) : 0.5MG / G) (MICONAZOLE NITRATE : 20 MG/G) CREAM, **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.

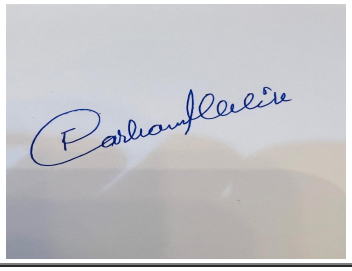
PATIENT'S DECLARATION :

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.Farhan Iyas **Stamp :**

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Patient 's signature{Parent if minor} : **Date :** 16-Apr-2025

Signature :  **Date** : 16-Apr-2025