Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SAROJ GIRI**
Card No	**: I040-029-121504966-01**
Policy Holder	**: SAROJ GIRI**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Male**
Date Of Birth	**: 14-Apr-1998**
Patient's Tel No	**: 0551043526**

Service Date **:29-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 and small skin blisters over right and left arms. he also have complain **Duration:** of pain in right shoulder

Vitals: Temp : 36 Bp :129 Pulse :97 Resp :18

Clinical Findings:

Diagnosis: R21 - Rash and other nonspecific skin eruption,M25.511 - Pain in right shoulder,T78.40XA - Allergy, unspecified, initial encounter, **Date of Onset** :29/49/2025

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,5278-169101-1454 - (DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN),0281-128401-0151 - (FUSIDIC ACID : 2%) CREAM,0320-148701-1171 - (LORATADINE : 10 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, 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

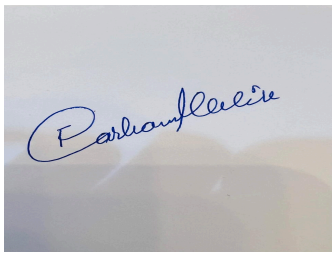
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 29-Apr-2025

Signature :



Date : 29-Apr-2025