

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HTOO THINZAR
Card No : I040-029-117339604-01
Policy Holder : HTOO THINZAR
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 13-01-2025 To 12-01-2026
Gender : Female
Date Of Birth : 06-Jul-1996
Patient's Tel No : 0585292639

Service Date :02-May-2025
Health Provider :CITICARE MEDICAL CENTER LLC
Doctor's Name :AISHA

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 : pt came with generalise weakness since morning she complain of vertigo ,body pain ,fever high blood pressure Duration:

Vitals:Temp : 37.3 Bp :139 Pulse :99 Resp :0

Clinical Findings:

Diagnosis: R53.1 - Weakness,R50.9 - Fever, unspecified,E16.2 - Hypoglycemia, unspecified,I10 - Essential (primary) Date of Onset :02/10/2025
hypertension,R52 - Pain, unspecified,

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,Pa001, COMPLETE WELLNESS CHECKUP,9, Consultation GP,Pa001, COMPLETE WELLNESS CHECKUP

Estimated :
Cost

Prescriptions: 0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED 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 :

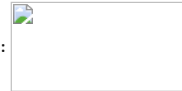
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : AISHA

Stamp :

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent : if minor}



Date : May-2025

Signature :

Date : 02-May-2025