

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JEEVAN GAIRE
Card No : I040-029-120758200-01
Policy Holder : JEEVAN GAIRE

Service Date :02-May-2025

Network

: Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :DR Amaizah

Payer Name : UNION INSURANCE COMPANY

Co-Insurance :

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

TPA : E CARE - Blue Network

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

Remarks :

Gender : Male

Date Of Birth : 10-Oct-1996

Patient's Tel No : 0521627307

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : Follow up FOR CONTINUOUS PARENTERAL TREATMENT FOR ACUTE PYELONEPHRITIS AND ASCENDING URINARY TRACT INFECTION CAUSING URINARY SYMPTOMS on investigation there is very high leukocytes and erythrocytes in the urine BURNING MICTURATION , DYSURIA AND STARTED FEW WEEKS AGO penile dischrge which is foul smelling TAKING PAIN KILLER NOT IMPROVED O/E : LOOK PALE , LETHARGIC TENDER EPIGASTRIC AND HYPOGASTRIC

Duration:**Vitals:**Temp : 36.7 Bp :120 Pulse :78 Resp :18**Clinical Findings:**

Diagnosis: R30.0 - Dysuria,N39.0 - Urinary tract infection, site not specified,R52 - Pain, unspecified,N30.01 - Acute cystitis with hematuria,E86.0 - Dehydration,

Date of Onset :02/41/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,INJ060, INJ-METRONIDAZOLE 500 MG/100ML - IV,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP

Estimated Cost :**Prescriptions:****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 :

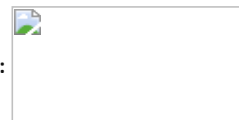
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



Date : May-2025

Signature :

Date : 02-May-2025