Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Ramesh Kumar**
Card No	**: I011-029-120467737-02**
Policy Holder	**: Ramesh Kumar**
Payer Name	**: AL SAGR NATIONAL INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 19-06-2024** To **18-06-2025**
Gender	**: Male**
Date Of Birth	**: 05-Jan-1997**
Patient's Tel No	**: 0545766439**

Service Date :03-May-2025 **Network** : Green

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

Doctor's Name **:AISHA**

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 SMALL WOUND AT HIS HAND . 1MM IN SIZE ,THEIR IS BRUISING AROUND THE WOUND **Duration:**

Vitals: Temp : 36 Bp :124 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: B99.9 - Unspecified infectious disease,M79.676 - Pain in unspecified toe(s), **Date of Onset** :03/22/2025

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0281-128401-0152 - (FUSIDIC ACID : 2%) 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.

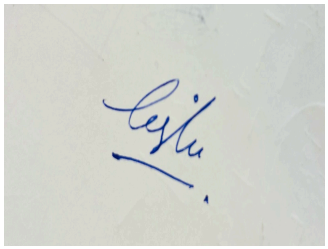
Dr's Name : AISHA

Stamp :

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

Patient 's signature{Parent if minor} :

Date : 03-May-2025

Signature : 

Date : 03-May-2025