Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **PENINNAH MUTUWA**	**Service Date**	:**25-May-2025** **Network** : Green
Card No	: **I040-029-116817510-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **PENINNAH MUTUWA**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2024** To **30-09-2025**		
Gender	: **Female**		
Date Of Birth	: **14-Jan-1993**		
Patient's Tel No	: **0553635898**		

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

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : p/c: pain in the right side of back of lower ribs. duration: started at 11:00 am **Duration:**
24/05/25 o/e: muscle is stretched.

Vitals: Temp : 36.6 Bp :126 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: M54.5 - Low back pain,R25.2 - Cramp and spasm,R07.81 - Pleurodynia, **Date of Onset** :25/04/2025

Requested Investigations: 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

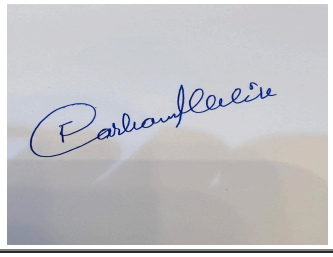
Prescriptions: 2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS, **Estimated Cost** :

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.

Dr's Name : Dr.Farhan Iyas **Stamp :**

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

Signature :  **Date** : 25-May-2025

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.

Patient 's signature{Parent if minor} : **Date** : 25-May-2025