Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: DAWN EATON	**Service Date**	:30-May-2025
Card No	: I040-029-113188091-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: DAWN EATON	**Doctor's Name**	:AISHA
Payer Name	: UNION INSURANCE COMPANY	**Co-Insurance**	
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 03-03-2025 To 02-03-2026		
Gender	: Female		
Date Of Birth	: 16-Apr-1961		
Patient's Tel No	: 0502489697		

Network : Green

Direct Access SP - YES

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 : PT CAME WITH LEFT ANKEL PAIN AND SWELLING FOR TWO WEEKS OE THERE IS TENDERNESS WHILE TOUCHING MOVEMENTS ARE INTACT she has history of left knee replacement surgery two years back and she feels spme unusual sound when she walk **Duration:**

Vitals: Temp : 36.1 Bp :133 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: M25.572 - Pain in left ankle and joints of left foot,R52 - Pain, unspecified,M79.2 - Neuralgia and neuritis, unspecified, **Date of Onset** :30/46/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 4075-215005-0061 - (PREGABALIN : 75 MG) CAPSULES,4884-622202-1171 - (SERRAPEPTASE : 10 MG) TABLETS,5193-122302-0391 - (ETORICOXIB : 120 MG) FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

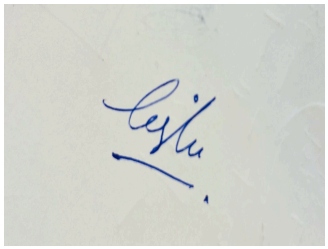
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

Dr's Name : AISHA

Stamp :

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

Signature :



Date : 30-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 : 30-May-2025