Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Maureen Ancheta Kahulugan**	**Service Date**	:**09-Jun-2025**
Card No	: **I040-029-113718844-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **Maureen Ancheta Kahulugan**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2025** To **01-01-2026**		
Gender	: **Female**		
Date Of Birth	: **13-Nov-1978**		
Patient's Tel No	: **0504217750**		

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 : pc : sevre pain in knee joints specially on walkig and sitiing , causin discomfort and disturbing quality of life works as reception manaGER O/E : TENDER KNEE JOINTS BP IS ELEVATED **Duration:**

Vitals: Temp : 37 Bp :152 Pulse :89 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,E78.2 - Mixed hyperlipidemia,R52 - Pain, unspecified, **Date of Onset** :09/02/2025

Requested Investigations: Pa001, GENARAL WELLNESS PACKEGE,9, Consultation GP **Estimated Cost** :

Prescriptions: 7070-149919-0431 - (DICLOFENAC SODIUM : 1 G/100G) GEL,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0186-143701-0062 - (CELECOXIB : 200 MG) CAPSULES, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

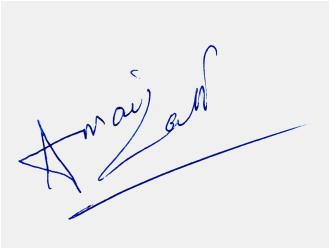
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

Dr's Name : DR Amaizah

Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature :



Date : 09-Jun-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 : 09-Jun-2025