

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: NILESH SAVJI SAVJI
: TULSIRAM VAYCHAL
VAYCHAL

Card No

: I040-029-120327295-01

Policy Holder

: NILESH SAVJI SAVJI
: TULSIRAM VAYCHAL
VAYCHAL

Payer Name

: UNION INSURANCE
: COMPANY

TPA

: E CARE - Blue Network

Validity

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

Gender

: Male

Date Of Birth

: 01-Jan-1994

Patient's Tel No

: 526505891

Service Date

: 17-Jun-2025

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: DR Amaizah

Co-Insurance

:

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

Network

: Green

Direct Access SP

: YES

Remarks

:

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: pc :s evre sore throat , body pain , jedache , runny nose , watery eyes and , nasal mucosa is sensitive o/e : look iriitable hyperemic phaynx tonsils are swollen

Duration:

Vitals

:Temp : 38.9 Bp :117 Pulse :110 Resp :0

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R51.9 - Headache, unspecified,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified,E86.0 - Dehydration,

Date of Onset

: 17/51/2025

Requested Investigations:

85027, BLOOD COUNT COMPLETE AUTOMATED,86140, C REACTIVE PROTEIN,0195-107704-0802, CEFTRIAXONE-TABUK IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN ,86060, ANTISTREPTOLYSIN O TITER,9, 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

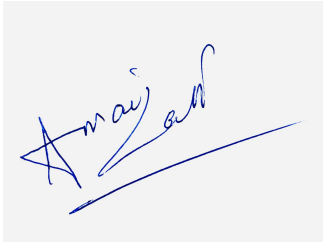
General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature

:

Date

: 17-Jun-2025

Patient 's signature{Parent : if minor}

:

Date

: Jun-2025