Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: NILESH SAVJI SAVJI TULSIRAM VAYCHAL VAYCHAL	**Service Date**	:17-Jun-2025
Card No	: I040-029-120327295-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: NILESH SAVJI SAVJI TULSIRAM VAYCHAL VAYCHAL	**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	: Male		
Date Of Birth	: 01-Jan-1994		
Patient's Tel No	: 526505891		

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 :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 0 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

Patient 's signature{Parent if minor} : **Date** : 17-Jun-2025

Signature : **Date** : 17-Jun-2025