Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: VIJAY DAYAL SINGH**
Card No	**: I040-029-120878619-01**
Policy Holder	**: VIJAY DAYAL SINGH**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 22-08-2024** To **21-08-2025**
Gender	**: Male**
Date Of Birth	**: 23-Oct-1998**
Patient's Tel No	**: 0567284544**

Service Date **:02-Jul-2025** **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:AISHA**

Co-Insurance :

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

Remarks :

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

Chief Complaints : pc : papule on the scalp hopc : pt came with the complain small papule on the scapula . o/e small dry papule with no blood allergies : none pmh : none **Duration:**

Vitals: Temp : 36.4 Bp :144 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: L02.821 - Furuncle of head [any part, except face],R52 - Pain, unspecified,R21 - Rash and other nonspecific skin eruption, **Date of Onset** :02/36/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,5252-672101-0152 - (MICONAZOLE NITRATE : 20 MG/G) (MOMETASONE FUROATE : 1 MG/G) CREAM,0159-140504-2611 - (CLOTRIMAZOLE : 1%) TOPICAL SOLUTION, **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 : AISHA

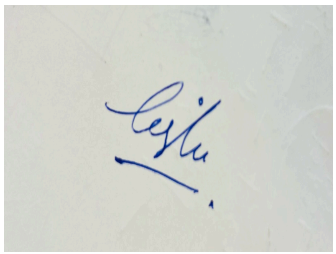
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 02-Jul-2025

Signature :



Date : 02-Jul-2025