Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Sachin Pandurang Vinherkar**
Card No	: **I040-029-113718954-01**
Policy Holder	: **Sachin Pandurang Vinherkar**
Payer Name	: **UNION INSURANCE COMPANY**
TPA	: **E CARE - Blue Network**
Validity	: **02-01-2025** To **01-01-2026**
Gender	: **Male**
Date Of Birth	: **07-Jan-1984**
Patient's Tel No	: **0503667303**

Service Date :**08-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 : allergies hopc :pt came with the complain of generalize rounded ulcers on hands and feet for the last four months pmh : diabetioes hypertension **Duration:**

Vitals: Temp : 36.8 Bp :148 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: R21 - Rash and other nonspecific skin eruption,L20.9 - Atopic dermatitis, unspecified,R30.0 - Dysuria, **Date of Onset :**08/02/2025

Requested Investigations: 81005, URINALYSIS QUAL SEMIQUANT EXCEPT IMMUNOASSAYS,Pa001, GENARAL WELLNESS PACKEGE,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0006-149803-0651 - (CLOBETASOL PROPIONATE : 0.5 MG/G) OINTMENT,0006-126002-0152 - (FLUTICASONE : 0.5 MG/G) CREAM, **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

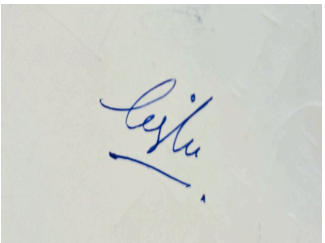
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 08-Jul-2025

Signature :



Date : 08-Jul-2025