Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: LIEZEL SUICO DESABILLE**
Card No	**: I040-029-113719145-01**
Policy Holder	**: LIEZEL SUICO DESABILLE**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Female**
Date Of Birth	**: 19-Oct-1974**
Patient's Tel No	**: 0567312820**

Service Date **:10-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 : fever cough hopc : pt came with the history of cough with fever and chills for the last two days o/e chest is mild congested known case hypertension and asthma **Duration:**

Vitals: Temp : 37 Bp :130 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,E78.00 - Pure hypercholesterolemia, unspecified,R50.9 - Fever, unspecified,J45.991 - Cough variant asthma,R06.2 - Wheezing,E86.0 - Dehydration,R14.3 - Flatulence, **Date of Onset** :10/04/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81003, URNLS DIP STICK TABLET RGNT AUTO WO MICROSCOPY,80061, LIPID PANEL,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,96360, HYDRATION IV INFUSION INIT **Estimated : Cost**

Prescriptions: 0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0188-272103-1121 - (BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) SUSPENSION FOR INHALATION,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,1394-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS, **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

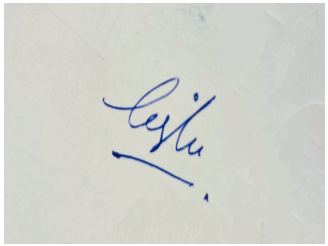
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 10-Jul-2025

Signature :



Date : 10-Jul-2025