Administrative

MEDICAL CLAIM FORM

Claim Ref

Patient Name	**: simranjit rakesh kumar**	**Service Date**	**:10-Jul-2025**
Card No	**: I040-029-122224706-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: simranjit rakesh kumar**	**Doctor's Name**	**:AISHA**
Payer Name	**: UNION INSURANCE COMPANY**	**Co-Insurance**	
TPA	**: E CARE - Blue Network**	**Remarks**	**:**
Validity	**: 18-02-2025** To **01-01-2026**		
Gender	**: Female**		
Date Of Birth	**: 09-Jul-2004**		
Patient's Tel No	**: 0508911367**		

Network : Green

Direct Access SP

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

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

Chief Complaints : pc : headache ,weakenss pt came with headache and fatique and dizziness for the last one month she look pale and dehydrated **Duration:**

Vitals: Temp : 36.8 Bp :112 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: D50.9 - Iron deficiency anemia, unspecified,R51.9 - Headache, unspecified,I95.9 - Hypotension, unspecified,E86.0 - Dehydration, **Date of Onset**

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 6506-931301-1451 - (ZINC GLUCONATE : 97.58 MG) (IRON (FERROUS FUMARATE) : 76.07 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 6.07 MG) (CUPRIC CITRATE (COPPER) : 5.68 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 1 MG) (PTEROYLMONOGLUTAMIC ACID : 500 MCG) CAPSULES (HARD GELATIN), **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 :

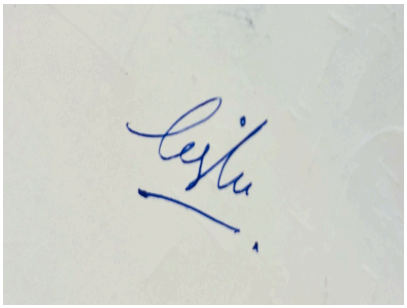
I hereby authorize any Healthca Employer or other organization regarding my medical condition determining insurance benefits.

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} :

Signature :  **Date :** 10-Jul-2025