Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: VIJAY DAYAL SINGH	**Service Date**	:12-Jul-2025 **Network** : Green
Card No	: I040-029-120878619-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**
Policy Holder	: VIJAY DAYAL SINGH	**Doctor's Name**	:KEERTHANA
Payer Name	: UNION INSURANCE COMPANY	**Co-Insurance**	
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 22-08-2024 To 21-08-2025		
Gender	: Male		
Date Of Birth	: 23-Oct-1998		
Patient's Tel No	: 0567284544		

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 Tiredness,dizziness,pain over back of head since 5 days Pt also cpmplaints of nausea since 5 days On examination Pt conscious and oriented He is working as chef and have family stress Pt had high bp during the last visit He was serially monitoring bp for the last 5 days and was high **Duration:**

Vitals: Temp : 36.4 Bp :160 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,R11.0 - Nausea,R52 - Pain, unspecified,E86.0 - Dehydration, **Date of Onset :**12/04/2025

Requested Investigations: 9, Consultation GP,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,0439-152905-1001, LACTATED RINGERS INJECTION USP,96372, THER/PROPH/DIAG INJ SC/IM,80061, LIPID PANEL **Estimated Cost** :

Prescriptions: 7403-397801-1171 - (DOMPERIDONE (AS MALEATE) : 10 MG) TABLETS,0095-115904-1171 - (AMLODIPINE : 5MG) 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 : KEERTHANA **Stamp :**

د. كيرثانا راني بادبيورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مـركـز سيتيكير الطبي ذ م م
CITICARE MEDICAL CENTER LLC

Patient 's signature{Parent if minor} :  **Date :** 12-Jul-2025

Signature :  **Date** : 12-Jul-2025