

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 :12-Jul-2025
Health Provider :CITICARE MEDICAL CENTER LLC
Doctor's Name :KEERTHANA
Network : Green
Direct Access SP - YES

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

Co-Insurance :
Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : PC Tiredness,dizziness,pain over back of head since 5 days Pt also cpmplaintsDuration: 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

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 : **Estimated : 10 MG/2ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,0439-152905-1001, Cost LACTATED RINGERS INJECTION USP,96372, THER/PROPH/DIAG INJ SC/IM,80061, LIPID PANEL**

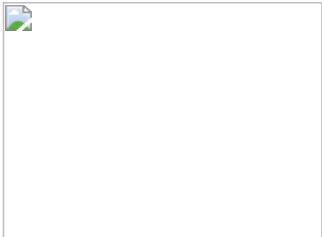
Prescriptions: 7403-397801-1171 - (DOMPERIDONE (AS MALEATE) : 10 MG) TABLETS,0095-115904-1171 - (AMLODIPINE : 5MG) TABLETS, **Estimated : Cost**

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 : 

Signature : 

Date : 12-Jul-2025

Patient's signature{Parent : if minor} 

Date : Jul-2025