## **Administrative**

## **MEDICAL CLAIM FORM**

## Claim Ref:

**Patient** 

: NABIN KUMAR DAS

Service Date :17-Jul-2025

Network

Name

Health :CITICARE MEDICAL CENTER LLC : Green

**Card No** 

: 1040-029-119613171-01

Provider

Policy Holder: NABIN KUMAR DAS

Doctor's

**Direct Access SP - YES** 

:AISHA Name

Payer Name : UNION INSURANCE COMPANY

Co-Insurance

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

TPA

: E CARE - Blue Network : 02-01-2025 To 01-01-2026

Validity

Remarks

Gender : Male

Date Of Birth: 03-May-1999 Patient's Tel

: 0567429609

Acute Pre-existing and chronic		☐ Maternity		
Chief Complaints: pt came with the co cutting vegetable at home 15 mints bac part of index finger there is profuse ble take tetanus follow up wound improve	ck cut is around 1cm in eding and no foreign l	n length and in diagnol on lower		
Vitals:				
Clinical Findings:				
<b>Diagnosis:</b> S61.211D - Laceration w/o f fngr w/o damage to nail, init,	b of I idx fngr w/o dan	nage to nail, subs,S61.201A - Un	sp open wound of I idx Date of Onset	:17/13/2025
Requested Investigations: 51.03, Non- inches / 300 sq centimeters	surgical cleansing with	n surgical dressing more than 48	Estimated : Cost	
Prescriptions:		· 		
MEDICAL PRACTITIONER DECLARATION :			PATIENT'S 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.			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 : AISHA Name	Stamp :	Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002 CITICARE MEDICAL CENTER DUBAI - U.A.E	Patient 's signature{Parent : if minor}	17- <b>Date :</b> Jul- 2025
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Signature :

Date : 17-Jul-2025