

Administrative

Patient Name : MARVIN MOLINA JOSE

Card No : I040-029-113718524-01

Policy Holder : MARVIN MOLINA JOSE

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2025 To 01-01-2026

Gender : Male

Date Of Birth : 13-Nov-1978

Patient's Tel No : 0521094471

MEDICAL CLAIM FORM

Service Date :01-Aug-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :DR Amaizah

Co-Insurance :

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

Remarks :

Claim Ref:

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Duration :

Vitals:Temp : 36.6 Bp :160 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension, Date of Onset : 02/08/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 6696-627102-1171 - (VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 10 MG) 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.

Dr's Name : DR Amaizah

Stamp :

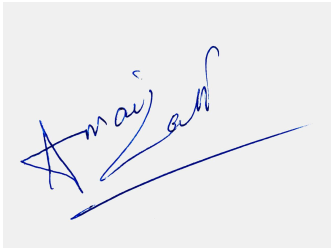
Dr. Amaizah Ishtiaq

General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature :

Date : 02-Aug-2025

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.

Patient 's signature{Parent : if minor}



Date : Aug-2025

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=65260&patId=32354

1/1