Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: TEBOGO RUTH MOTAU**
Card No	**: I040-029-120319774-01**
Policy Holder	**: TEBOGO RUTH MOTAU**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 05-02-2025** To **04-02-2026**
Gender	**: Female**
Date Of Birth	**: 27-Nov-1997**
Patient's Tel No	**: 0551542093**

Service Date **:05-Aug-2025** **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:KEERTHANA**

Co-Insurance :

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

Remarks :

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

Chief Complaints : PC nausea,vomiting,generalized tiredness,lightheadedness HOPC pt presented with complaints of nausea,vomiting,lightheadedness,generalized tiredness following miscarriage that occured last week SHE also has a tooth pain She gaves the history of molar pregnancy in september 2024 O\E looks pale and dehydrated LMP june 2025 history of iron deficiency anemia Advised gynecology followup **Duration:**

Vitals: Temp : 36.2 Bp :140 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: D50.9 - Iron deficiency anemia, unspecified,R53.1 - Weakness,R11.2 - Nausea with vomiting, unspecified,R42 - Dizziness and giddiness,R52 - Pain, unspecified, **Date of Onset** :05/59/2025

Requested Investigations: 0439-152905-1001, LACTATED RINGERS INJECTION USP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 0096-106304-0271 - (ASCORBIC ACID (VITAMIN C) : 1 G) EFFERVESCENT TABLETS,0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,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.

Dr's Name : KEERTHANA **Stamp :**

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

Signature : 

Date : 05-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 : 05-Aug-2025