

Administrative

Patient Name : NISAL GURUNG

Card No : I040-029-121353783-01

Policy Holder : NISAL GURUNG

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 28-Feb-1989

Patient's Tel No : 0509869230

MEDICAL CLAIM FORM

Service Date :11-Aug-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :AISHA

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 : pc : dizziness ,vertigo pt came with the complain of headache along with generalize weakness and and vertigo started two weeks back he is not taking meals properly o/e he is dehydrated and weak pmh: none

Duration:

Vitals:Temp : 36 Bp :120 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: E78.01 - Familial hypercholesterolemia,R73.9 - Hyperglycemia, unspecified,G44.011 - Episodic cluster headache, intractable,E86.0 - Dehydration,

Date of Onset :12/45/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80061, LIPID PANEL,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP

Estimated Cost :

Prescriptions:

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 : AISHA

Stamp :

Dr. Aisha Umer

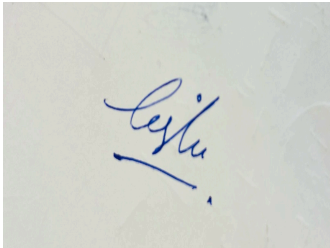
Physician- General Practitioner

DHA- 40131439-002

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature :



Date : 12-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?appId=65562&patId=54312

1/1