Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **RAJAMANI CHELLAYAN**	**Service Date**	:**12-Aug-2025** **Network** : Green
Card No	: **I040-029-113383351-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **RAJAMANI CHELLAYAN**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **ECARE-EBP EBP Enhanced CLASIC**	**Remarks**	:
Validity	: **13-01-2025** To **12-01-2026**		
Gender	: **Male**		
Date Of Birth	: **06-Jun-1966**		
Patient's Tel No	: **0556895440**		

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

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

Chief Complaints : chief complaint : fell down from floor at 11 pm 11/08/25 in his accommodation. he got laceration over left zygomatic area. diameter is less than 0.5 cm. he is a maintenance technician in marceurer hotel. pain scale: 6 allergy: nil **Duration:**

Vitals: Temp : 36.5 Bp :130 Pulse :83 Resp :18

Clinical Findings:

Diagnosis: S01.81XA - Laceration w/o foreign body of oth part of head, init encntr, **Date of Onset** :12/32/2025

Requested Investigations: INJ017, INJ-TETANUS TOXOID,96372, INJECTION SERVICE-IM,9, Consultation GP,12002, SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6 TO 7.5CM **Estimated Cost** :

Prescriptions: 0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED 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.

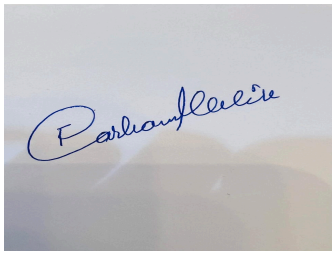
PATIENT'S DECLARATION :

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 : Dr.Farhan Iyas **Stamp :**

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Patient 's signature{Parent : if minor} **Date :** 12-Aug-2025

Signature :  **Date** : 12-Aug-2025