

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MONICA RAM DATT SHARMA

Card No : I040-029-117518711-01

Policy Holder : MONICA RAM DATT SHARMA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Female

Date Of Birth : 16-Mar-1995

Patient's Tel No : 0509706442

Service Date :15-Aug-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :KEERTHANA

Co-Insurance :

Remarks :

Network : Green

Direct Access SP - YES

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 : Came for followup Pt complaints of dysuria since 3 days

Duration :

Vitals:

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R30.0 - Dysuria,

Date of Onset : 15/20/2025

Requested Investigations: 81015, URINALYSIS MICROSCOPIC ONLY,9.01, Follow Up Consultation GP

Estimated Cost :

Prescriptions:

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

Signature :

Date : 15-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

د. کیرثانا رانی پادیپورایل ثارا

Dr. Keerthana Rani Padippurayil Thara

General Practitioner

License No.: 37864046-001

مرکز سیتیکیئر الطبی ذم م

CITICARE MEDICAL CENTER LLC