

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

VIGNESHKUMAR : LAKSHMANAN LAKSHMANAN

Card No

: I005-029-119704083-01

Policy Holder

: VIGNESHKUMAR LAKSHMANAN LAKSHMANAN

Payer Name

: DUBAI INSURANCE COMPANY

TPA

: E CARE - Blue Network

Validity

: 08-08-2024 To 07-08-2025

Gender

: Male

Date Of Birth

: 23-Jan-1994

Patient's Tel No

: 0523864580

Service Date

:27-Nov-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Humaira

Co-Insurance

Remarks

:

Network

: Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : co fever on and off bodyache pain in throat 25th nov. 2024 oe chest is added sounds restless

Vitals:Temp : 37.3 Bp :110 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,J02.9 - Acute pharyngitis, unspecified,K29.00 - Acute gastritis without bleeding,R52 - Pain, unspecified, Date of Onset :27/11/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP Estimated : Cost

Prescriptions: 6445-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 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

: Humaira

Stamp :

Dr. Humaira Mumtaz

General Practitioner

DHA No: 54155530-002

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

27-Nov-2024

Signature :

27-Nov-2024