Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **CHIGOZIE FRANCIS ONWUASOANYA**	**Service Date**	:**05-Jul-2024**
Card No	: **I040-029-117072633-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **CHIGOZIE FRANCIS ONWUASOANYA**	**Doctor's Name**	:**Humaira**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2024** To **01-01-2025**		
Gender	: **Male**		
Date Of Birth	: **04-Sep-1990**		
Patient's Tel No	: **971555429234**		

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 : CO epigastric pain constipation 1 july 2024 oe severe abdominal pain chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.7 Bp :106 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: K29.70 - Gastritis, unspecified, without bleeding,R10.9 - Unspecified abdominal pain,K56.41 - Fecal impaction, **Date of Onset** :05/29/2024

Requested Investigations: 0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-136501-0392 - (HYOSCINE : 10 MG) FILM COATED TABLETS,1190-170813-1161 - (LACTULOSE : 667MG/G) SYRUP, **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.

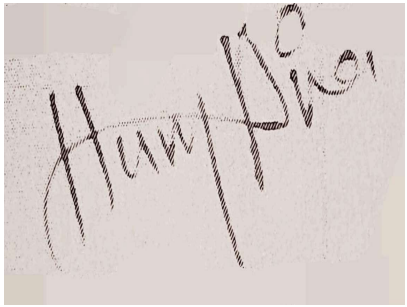
Dr's Name : Humaira

Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 05-Jul-2024

Signature : 

Date : 05-Jul-2024