Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: SANGIMA . RAI	**Service Date**	:11-Jul-2024
Card No	: I040-029-120328025-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: SANGIMA . RAI	**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	: Female		
Date Of Birth	: 20-Dec-2003		
Patient's Tel No	: 0566492355		

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 lmp 10 june 2024 irregular menses abdominal cramps and epigastric pain **Duration:** 4th july 2024 oe chest is clear no added sounds stable

Vitals: Temp : 36.8 Bp :110 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: R10.13 - Epigastric pain,K29.70 - Gastritis, unspecified, without bleeding,R63.5 - Abnormal weight gain, **Date of Onset:**11/04/2024

Requested Investigations: 84436, THYROXINE TOTAL,84479, THYROID HORM UPTK/THYROID HORMONE BINDING RATIO,84443, THYROID STIMULATING HORMONE TSH,9, Consultation GP **Estimated Cost** :

Prescriptions: 0270-189301-0082 - (ALUMINIUM HYDROXIDE : N/A) (SODIUM BICARBONATE : N/A) (ALGINIC ACID : N/A) (MAGNESIUM TRISILICATE : N/A) CHEWABLE TABLETS,6445-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE CAPSULES, **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

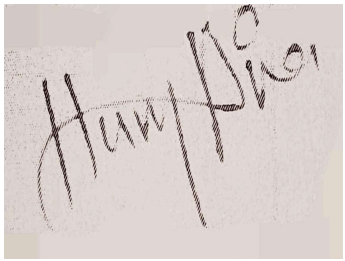
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 11-Jul-2024

Signature :



Date : 11-Jul-2024