

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HASEEB LODHI GHAZANFAR
MEHMOOD
Card No : I040-029-117681852-01
Policy Holder : HASEEB LODHI GHAZANFAR
MEHMOOD
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2024 To 01-01-2025
Gender : Male
Date Of Birth : 06-Dec-1995
Patient's Tel No : 0521005291

Service Date: 05-Aug-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Enomen Goodluck

Network : Green
Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: ACUTE GASTROENTERITIS

Duration :

Vitals: Temp : 36.6 Bp : 100 Pulse : 80 Resp : 18

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified, R10.13 - Epigastric pain, R10.0 - Acute abdomen, Date of Onset: 05/58/2024

Requested Investigations: 9.01, Follow Up Consultation GP, 0005-107704-0802, TRIAXONE I.V.- (CEFTRIAXONE : 1 G) POWDER FOR INJECTION, 0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION, 0005-174202-0781, RISEK 40MG-(OMEPRazole : 40 MG) POWDER FOR INFUSION, 96365, THER/PROPH/DIAG IV INF INIT, 96374, THER/PROPH/DIAG INJ IV PUSH

Estimated :

Cost

Prescriptions: 0207-533801-1451 - (ESOMEPRazole (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), 0005-136501-0393 - (HYOSCINE : 10 MG) FILM COATED TABLETS, 0152-116604-0391 - (METRONIDAZOLE : 500 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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient's signature {Parent : if minor}



Date : 05-Aug-2024

Signature :

Date : 05-Aug-2024