

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: 07-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: Abdominal tightness, excessive bulging and gases. Also has pain. Known patient with multiple history of gastritis. there is no fever and no change in bowel habit. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding, R14.0 - Abdominal distension (gaseous), R10.13 - Epigastric pain, **Date of Onset** : 07/25/2024

Requested Investigations: 96374, THER/PROPH/DIAG INJ IV PUSH, 0005-174202-0781, RISEK 40MG, 0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION, 9.01, Follow Up Consultation GP

**Estimated :
Cost**

Prescriptions: 0265-150407-1171 - (METOCLOPRAMIDE : 10 MG) TABLETS, 0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS, 0188-232401-0392 - (ESOMEPRAZOLE : 40 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 :

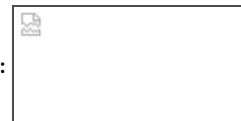
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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 : 07-Aug-2024

Signature :

Date : 07-Aug-2024