Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **HASEEB LODHI GHAZANFAR MEHMOOD**	**Service Date:**	**07-Aug-2024**
Card No	: **I040-029-117681852-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	: **HASEEB LODHI GHAZANFAR MEHMOOD**	**Doctor's Name**	**:Enomen Goodluck**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**		
Validity	: **02-01-2024** To **01-01-2025**	**Remarks**	:
Gender	: **Male**		
Date Of Birth	: **06-Dec-1995**		
Patient's Tel No	: **0521005291**		

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 : PC: Abdominal tightness, excessive bulping 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