# Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|---|---|
| **Patient Name** | **: VISHAL KUMAR CHAUDHARY** | **Service Date** | **:04-Sep-2024** | **Network** | **:** Green |
| **Card No** | **: I011-029-119736610-02** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** | | **Direct Access Sl** |
| **Policy Holder** | **: VISHAL KUMAR CHAUDHARY** | **Doctor's Name** | **:Humaira** | | |
| **Payer Name** | **: AL SAGR NATIONAL INSURANCE COMPANY** | **Co-Insurance** | **:** | | |
| **TPA** | **: E CARE - Blue Network** | | | | |
| **Validity** | **: 19-06-2024** To **18-06-2025** | | | | |
| **Gender** | **: Male** | **Remarks** | **:** | | |
| **Date Of Birth** | **: 06-Aug-1993** | | | | |
| **Patient's Tel No** | **: 0523004789** | | | | |

| CONSULTATION | LAB/ RADIOLOGY | PHYSIO | PHARMACY | IP | MATEF |
|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% |

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** co bloating heart burn abdominal pain iron burn on the hand pain oe epigastric pain infacted laceration chest is clear no added sound restless **Duration:**

**Vitals:**Temp : 36.5 Bp :124 Pulse :67 Resp :18

**Clinical Findings:**

**Diagnosis:** R50.9 - Fever, unspecified,L08.9 - Local infection of the skin and subcutaneous tissue, unsp,K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain, **Date of Onset**

**Requested Investigations:** 86677, ANTIBODY HELICOBACTER PYLORI,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP **Estimated : Cost**

**Prescriptions:** 0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0250-125803-0651 - (POVIDONE IODINE : 10%) OINTMENT,0195-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0219-142902-1451 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), **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.

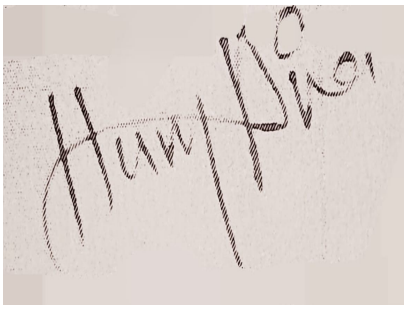
**Dr's Name** : Humaira **Stamp :**

**PATIENT'S DECLARATION :**

I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

**Patient 's signature{Parent : if minor}**

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

**Signature :** 

**Date** : 04-Sep-2024