

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JEET BAHADUR KHATRI

Card No : I040-029-120209240-01

Policy Holder : JEET BAHADUR KHATRI

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2024 To 01-01-2025

Gender : Male

Date Of Birth : 02-Aug-1980

Patient's Tel No : 0504753940

Service Date :12-Oct-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Enomen Goodluck

Co-Insurance :

Remarks :

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: Upper abdominal pain following the ingestion of NSAIDs. Has long standing low back pain for which he took analgesics over the counter. There is no fever There is no nausea and no vomiting BP at presentation: 193/114mmhg.

Vitals:Temp : 36.7 Bp :193 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,I16.0 - Hypertensive urgency, Date of Onset :12/20/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86677, ANTIBODY HELICOBACTER PYLORI,96374, THER/PROPH/DIAG INJ IV PUSH,0005-174202-0781, RISEK 40MG,0005-136504-1021, SCOPINAL,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,9, Consultation GP

Prescriptions: 0333-190801-0081 - (ALUMINIUM HYDROXIDE : 300 MG) (SIMETHICONE : 10 MG) (MAGNESIUM HYDROXIDE : 25 MG) (MAGNESIUM TRISILICATE : 50 MG) CHEWABLE TABLETS,0186-143701-0062 - (CELECOXIB : 200 MG) CAPSULES,2104-379202-1451 - (AMLODIPINE (AS BESYLATE) : 10 MG) CAPSULES (HARD GELATIN),0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0188-232401-0392 - (ESOMEPRAZOLE : 40 MG) FILM COATED TABLETS,

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 : Enomen Goodluck

Stamp :

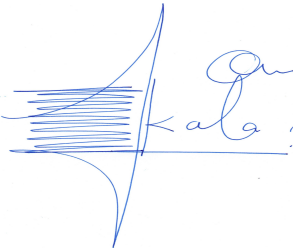
Dr. Enomen Goodluck Ekata

General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

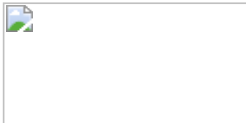
DUBAI - U.A.E.

Signature :

Date : 12-Oct-2024

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.

Patient 's signature(Parent : if minor)



12-
Date : Oct-
2024