

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : GANGA KERUNG

Card No : I040-029-113718932-01

Policy Holder : GANGA KERUNG

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 08-Oct-1981

Patient's Tel No : 0503621186

Service Date :16-Oct-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Saeed

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 : Heartburn, epigastric pain in 2 weeks ago, there's no nausea or vomiting and Duration: no diarrhoea. There's itching, sometimes on different parts of the body in weeks ago, mostly on intact skin. Pain on right side of the abdomen, right flank, sometimes in weeks ago, without urinary, GI or respiratory symptoms that's related to this symptoms. + History of cholecystectomy 2 years ago. There's normal appetite, no weight loss. Nohistory of smoking or alcohol consumption There's very mild high bilirubin, with normal liver enzymes and Alk pHos. On exam, there's no RUQ tenderness on exam time, no tenderness on right side or other parts of the abdomen, and no CVA tenderness. Normal chest exam. No peripheral edema and no peripheral lymphadenopathy. Abdomen ultrasound was done in his home country in April, except mild prostamegaly, there's no other abnormal findings(and by mistake they wrote normal GB) Details of all findings were explained to him, approach and next steps also, it's explained to be more hydrated, liver enzymes will be repeated after one month, and if there's abnormal findings or clinically indicated, abdomen ultrasound will be repeated. + Diet that's explained and PPI. Follow up will be done.

Vitals:Temp : 36.8 Bp :144 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: R12 - Heartburn,K21.9 - Gastro-esophageal reflux disease without esophagitis, Date of Onset :16/08/2024

Estimated Cost :

Requested Investigations: 10, Consultation Specialist

Prescriptions: 0207-632002-1751 - (PANTOPRAZOLE (AS SODIUM SESQUIHYDRATE) : 40 MG) GASTRO-RESISTANT 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.

Dr's Name : Saeed

Stamp :

Dr. Saeed Gharlegghi

Specialist Internal Medicine

DHA No: 00244979-007

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

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}

16-
Date : Oct-2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=53849&patId=28445

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Signature :



Date : 16-Oct-2024