Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: GANGA KERUNG	**Service Date**	:16-Oct-2024	**Network**	: Green
Card No	: I040-029-113718932-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SF**
Policy Holder	: GANGA KERUNG	**Doctor's Name**	:Saeed		
Payer Name	: UNION INSURANCE COMPANY	**Co-Insurance**	:		
TPA	: E CARE - Blue Network	**Remarks**	:		
Validity	: 02-01-2024 To 01-01-2025				
Gender	: Male				
Date Of Birth	: 08-Oct-1981				
Patient's Tel No	: 0503621186				

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

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

Chief Complaints : Heartburn, epigastric pain in 2 weeks ago, there's no nausea or vomiting and 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. **Duration:**

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**

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.

PATIENT'S DECLARATION :

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

Dr's Name : Saeed **Stamp :**

Dr. Saeed Gharleghi
Specialist Internal Medicine
DHA No: 00244979-007
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Signature : **Date** : 16-Oct-2024