Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: BATHA BILE SIBANESIHLE HADEBE**	**Service Date**	**:10-Dec-2024**	**Network**	**:** Green
Card No	**: I005-029-121769529-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: BATHA BILE SIBANESIHLE HADEBE**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	**: DUBAI INSURANCE COMPANY**	**Co-Insurance**	**:**		
TPA	**: E CARE - Blue Network**	**Remarks**	**:**		
Validity	**: 13-05-2024** To **12-05-2025**				
Gender	**: Female**				
Date Of Birth	**: 10-Jun-1998**				
Patient's Tel No	**: 0037605448159**				

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 Duration: 1 week. Pain is located at the epigastrum, of gradual onset, worst when hungry and radiates to the back. Has associated throat pain, headache and fever. Also has lower abdominal pain (possibly period pain) LMP: 09/12/2024, **Duration:**

Vitals: Temp : 36.3 Bp :139 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,J06.9 - Acute upper respiratory infection, unspecified,R07.0 - Pain in throat,N39.0 - Urinary tract infection, site not specified, **Date of Onset** :10/35/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96374, THER/PROPH/DIAG INJ IV PUSH,0005-174202-0781, RISEK 40MG,0005-136504-1021, SCOPINAL,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost :**

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS,0005-141604-0081 - (ALUMINIUM HYDROXIDE : 200 MG (MAGNESIUM HYDROXIDE : 200 MG (SIMETHICONE : 25 MG CHEWABLE TABLETS,0137-242801-0342 - (PANTOPRAZOLE (AS SODIUM : 20 MG ENTERIC 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 :** 10-Dec-2024

Signature : **Date** : 10-Dec-2024