Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: **SAMIR ELSAYED MOHAMED ALI GOMAA**	**Service Date**	:**19-Dec-2024**
Card No	: **I040-029-121565065-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **SAMIR ELSAYED MOHAMED ALI GOMAA**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2024** To **30-09-2025**		
Gender	: **Male**		
Date Of Birth	: **17-Sep-1988**		
Patient's Tel No	: **0528156822**		

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, constipation and excessive bowel noises. Duration: recurrent for many months, but current episodes2days. Pain is worse following a meal. There is no fever and no abdominal distensin. **Duration:**

Vitals: Temp : 36.8 Bp :116 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,R19.7 - Diarrhea, unspecified, **Date of Onset** :19/56/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86677, ANTIBODY HELICOBACTER PYLORI,86140, C REACTIVE PROTEIN,0005-174202-0781, RISEK 40MG,0005-136504-1021, SCOPINAL,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 6603-947301-0061 - (ACTIVATED WOOD CHARCOAL : 250 MG) (SIMETHICONE : 80 MG) CAPSULES,0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM : 40 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 : 19-Dec-2024

Signature :

Date : 19-Dec-2024