

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HASEEB LODHI
 : GHazanfar Mehmood
 Card No : I040-029-117681852-01
 Policy Holder : HASEEB LODHI
 : GHazanfar Mehmood

Payer Name : UNION INSURANCE
 COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2025 To 01-01-2026

Gender : Male

Date Of Birth : 06-Dec-1995

Patient's Tel No : 0521005291

Service Date :05-Jan-2025

Network : Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :Enomen Goodluck

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: Pain in throat, nasal congestion, sneezing, upper abdominal pain and burning chest pain. Duration: 1 week. Duration:

Vitals:Temp : 36.6 Bp :110 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J01.90 - Acute sinusitis, unspecified,K29.00 - Acute gastritis without bleeding,R10.10 - Upper abdominal pain, unspecified, Date of Onset :05/35/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 5251-624304-3591 - (AZELASTINE HCL : 1 MG/G) (FLUTICASONE PROPIONATE : 0.365 MG/G) SUSPENSION FOR NASAL SPRAY,2027-560101-0392 - (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS,5363-393801-1161 - (DIPHENHYDRAMINE HCL : 13.5 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML SYRUP,0252-389902-1171 - (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG 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 :

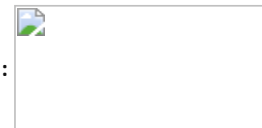
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



05-
 Date : Jan-
 2025

Signature :

Date : 05-Jan-2025