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} : **Date** : 05-Jan-2025

Signature : **Date** : 05-Jan-2025