Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: FETHI ACHI**	**Service Date**	**:30-Jan-2025**	**Network**	**:** Green
Card No	**: I040-029-121180791-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	**: FETHI ACHI**	**Doctor's Name**	**:DR Amaizah**		
Payer Name	**: UNION INSURANCE COMPANY**	**Co-Insurance**	**:**		
TPA	**: E CARE - Blue Network**	**Remarks**	**:**		
Validity	**: 02-01-2025** To **01-01-2026**				
Gender	**: Male**				
Date Of Birth	**: 17-Nov-1999**				
Patient's Tel No	**: 0581127489**				

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 : **Duration :**

Vitals: Temp : 36.2 Bp :130 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R50.9 - Fever, unspecified,R10.30 - Lower abdominal pain, unspecified, **Date of Onset** :30/30/2025

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost :**

Prescriptions: 0097-223401-1172 - (NAPROXEN : 500 MG TABLETS,1947-548101-0081 - (CRANBERRY EXTRACT : 120 MG) CHEWABLE TABLETS,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 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.

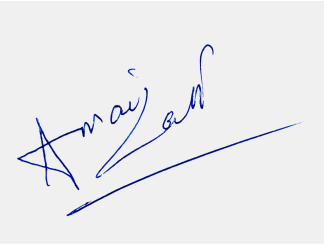
PATIENT'S DECLARATION :

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 : DR Amaizah **Stamp :**

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} : **Date :** 30-Jan-2025

Signature :  **Date** : 30-Jan-2025