Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: MD SAIFUR RAHMAN CHINU MIAH**
Card No	**: I040-029-120575234-01**
Policy Holder	**: MD SAIFUR RAHMAN CHINU MIAH**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Male**
Date Of Birth	**: 01-Jan-2001**
Patient's Tel No	**: 0562633870**

Service Date :09-Feb-2025 **Network** : Green

Health Provider :CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**

Doctor's Name :DR Amaizah

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 : epigastric pain , nausea , vomitting for 1 week appetite is reduced o/e : emaciated loook pale **Duration:**

Vitals: Temp : 36.4 Bp :110 Pulse :62 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.2 - Nausea with vomiting, unspecified,R14.0 - Abdominal distension (gaseous),R63.0 - Anorexia,E03.9 - Hypothyroidism, unspecified, **Date of Onset** :09/39/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,84443, THYROID STIMULATING HORMONE TSH,80051, ELECTROLYTE PANEL,9, Consultation GP **Estimated Cost** :

Prescriptions: 0031-168201-0391 - (DOMPERIDONE : 10 MG) FILM COATED TABLETS,0435-189401-1111 - (CALCIUM CARBONATE : N/A) (SODIUM BICARBONATE : N/A) (SODIUM ALGINATE : N/A) SUSPENSION,6758-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES, **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

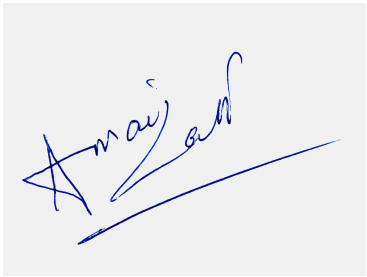
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 09-Feb-2025

Signature :



Date : 09-Feb-2025