Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: JONATHAN MUJURIZI	**Service Date**	:02-Mar-2025 **Network** : Green
Card No	: I040-029-122280431-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**
Policy Holder	: JONATHAN MUJURIZI	**Doctor's Name**	:DR Amaizah
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	: 20-Mar-1996		
Patient's Tel No	: 0581337571		

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:

Clinical Findings:

Diagnosis: R52 - Pain, unspecified,R50.9 - Fever, unspecified,N39.0 - Urinary tract infection, site not specified,R11.2 - Nausea with vomiting, unspecified,E86.0 - Dehydration,K29.01 - Acute gastritis with bleeding, **Date of Onset** :02/56/2025

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0195-107704-0802, CEFTRIAXONE-TABUK IM,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN ,0102-152902-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,87338, IAAD EIA HPYLORI STOOL,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: **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** : 02-Mar-2025

Signature : **Date** : 02-Mar-2025