

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JONATHAN MUJURIZI

Card No : I040-029-122280431-01

Policy Holder : JONATHAN MUJURIZI

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Green Network

Validity : 01-10-2024 To 30-09-2025

Gender : Male

Date Of Birth : 20-Mar-1996

Patient's Tel No : 0581337571

Service Date :02-Mar-2025

Health Provider :CITICARE MEDICAL CENTER LLC

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 :

Network : Green

Direct Access SP - YES

☐ 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:

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.

Dr's Name : DR Amaizah

Stamp :

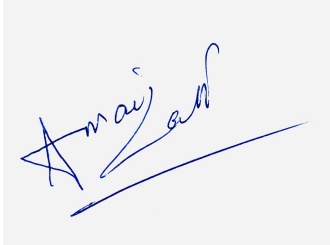
Dr. Amaizah Ishtiaq

General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature :

Date : 02-Mar-2025

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.

Patient 's signature{Parent : if minor}



02-Mar-2025