Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MOHAMMAD ETHISHAAM AHMAD JUNAID AHMAD**	**Service Date**	**:18-Mar-2025** **Network** : Green
Card No	: **I040-029-113861887-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MOHAMMAD ETHISHAAM AHMAD JUNAID AHMAD**	**Doctor's Name**	**:Humaira**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **ECARE-EBP EBP Enhanced CLASIC**	**Remarks**	:
Validity	: **13-01-2025** To **12-01-2026**		
Gender	: **Male**		
Date Of Birth	: **22-Nov-1997**		
Patient's Tel No	: **0542318198**		

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 : abdominal pain since 2 days, went aster hospital 2 days back they gave injections but no relieved. on palpations there is generalized abdominal pain **Duration:**

Vitals: Temp : 35.6 Bp :153 Pulse :53 Resp :0

Clinical Findings:

Diagnosis: R10.84 - Generalized abdominal pain,R52 - Pain, unspecified,R25.2 - Cramp and spasm, **Date of Onset** :18/47/2025

Requested Investigations: 0005-136504-1021, SCOPINAL,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0031-149904-1171 - (DICLOFENAC SODIUM : 50 MG) TABLETS,0219-533801-0391 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG FILM COATED TABLETS,0042-133702-1171 - (BISACODYL : 5 MG) TABLETS,0005-136501-0392 - (HYOSCINE : 10 MG FILM COATED 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.

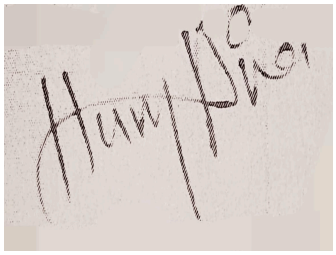
PATIENT'S DECLARATION :

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 : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 18-Mar-2025

Signature :  **Date** : 18-Mar-2025