**Administrative** **MEDICAL CLAIM FORM** **Claim Ref:**

| | | | |
|---|---|---|---|
| **Patient Name** | : **MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD** | **Service Date** | **:22-Mar-2025** |
| **Card No** | : **I040-029-113861887-01** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD** | **Doctor's Name** | **:DR Amaizah** |
| **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** | | |

**Network** : Green

**Direct Access SP - YES**

| 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 :** SEVERE ABDOMINAL PAIN , VOMITTING , LOW GRADE FEVER , BODYPAIN BACKPAIN , SHIEVRING , FRONTAL HEADACHE STARTED 14/03/25 O/E : LOOK IRRITABLE , RESTLESS , DEHYDRATED SOFT BUT TENDER ABDOMEN 2ND DAY OF IV TRAETMENT CONDITION IMROVING NOW **Duration:**

**Vitals:**

**Clinical Findings:**

**Diagnosis:** **Date of Onset** : 22/14/2025

**Requested Investigations:** 9.01, Follow Up Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,86768, ANTIBODY SALMONELLA **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 :** 22-Mar-2025

**Signature :**

**Date** : 22-Mar-2025