Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD**	**Service Date**	**:10-Apr-2025**	**Network**	: Green
Card No	: **I040-029-113861887-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **MOHAMMAD EHTISHAAM AHMAD JUNAID AHMAD**	**Doctor's Name**	**:AISHA**		
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 : patient came with abdominal painal pain that radiates towards back alog with vomiting and nausea since yesterday night oe eigastric tenderness also right upperquadrant pain **Duration:**

Vitals: Temp : 35.5 Bp :138 Pulse :49 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.2 - Nausea with vomiting, unspecified,K85.90 - Acute pancreatitis without necrosis or infection, unsp,R10.9 - Unspecified abdominal pain,R14.1 - Gas pain, **Date of Onset** :10/03/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82150, AMYLASE,83690, LIPASE,0005-150403-1021, PREMOSAN - (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0439-152905-1001, LACTATED RINGERS INJECTION USP,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 1516-151709-0081 - (SIMETHICONE : 42 MG) CHEWABLE TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,0042-136501-1171 - (HYOSCINE : 10 MG) 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 : AISHA **Stamp :**

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent : if minor} **Date :** 10-Apr-2025

Signature : **Date** : 10-Apr-2025