Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: NATHANIEL WELCOME	**Service Date**	:15-Apr-2025 **Network** : Green
Card No	: I040-029-118348457-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**
Policy Holder	: NATHANIEL WELCOME	**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	: 12-Dec-1989		
Patient's Tel No	: 0569642461		

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 : pc : acid reflux . epigastric pain , burning , lower abdominal pain , flank pain ASSOCIATED WITH LOW GRADE FEVER o/e : look dehydrated and pale PREVIOUSLY URI AND URATE CRYSTALS ON URINE R E tendr flanks **Duration:**

Vitals:

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,N39.0 - Urinary tract infection, site not specified,R10.30 - Lower abdominal pain, unspecified, **Date of Onset** :15/32/2025

Requested Investigations: 9, Consultation GP,96374, THER/PROPH/DIAG INJ IV PUSH,0195-107704-0801, CEFTRIAXONE-TABUK IV,96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96360, HYDRATION IV INFUSION INIT,0005-174202-0781, RISEK 40MG,0439-152905-1001, LACTATED RINGERS INJECTION USP,84550, URIC ACID BLOOD,81002, URNLS DIP STICK/TABLET RGNT NON AUTO W/O MICRSCP,96365, THER/PROPH/DIAG IV INF INIT **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 :** 15-Apr-2025

Signature : **Date** : 15-Apr-2025