Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: YASSINE MEZOLY
Card No	: I040-029-118908548-01
Policy Holder	: YASSINE MEZOLY
Payer Name	: UNION INSURANCE COMPANY
TPA	: E CARE - Green Network
Validity	: 01-10-2024 To 30-09-2025
Gender	: Male
Date Of Birth	: 20-Oct-1992
Patient's Tel No	: 0562436327

Service Date :12-May-2025 **Network** : Green

Health Provider :CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**

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 :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc : o: Anal pain since last night which is sevre 08 on pain scale , aggravtes while defecating , constipation , not able to sit and wal due to pain , low grade fever started 11/05/25 There was associated protrusion of surrounding anal skin but no bleeding per rectum. Stool was hard. Has a similar history in the past and has been managed for hemorrhoid on multiple occasions, beginning from 3 years ago. DRE declined. **Duration:**

Vitals: Temp : 36 Bp :120 Pulse :77 Resp :22

Clinical Findings:

Diagnosis: K64.8 - Other hemorrhoids,R52 - Pain, unspecified,R50.9 - Fever, unspecified,K61.0 - Anal abscess,K58.1 - Irritable bowel syndrome with constipation,E86.0 - Dehydration, **Date of Onset** :12/51/2025

Requested Investigations: 0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,80051, ELECTROLYTE PANEL,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT,0005-174202-0781, RISEK 40MG,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0016-119502-2221 - (ZINC OXIDE : 0.1075) (BENZYL BENZOATE : 1.4%) (BALSAM PERUVIAN SINE RESINA : 0.01875) (HYDROCORTISONE ACETATE : 0.25%) (BISMUTH OXIDE : 0.00875) (BISMUTH SUBGALLATE : 0.0225) RECTAL OINTMENT,0186-143701-0061 - (CELECOXIB : 200 MG) CAPSULES,0071-158501-0391 - (HESPERIDIN : 50 MG) (DIOSMIN (FLAVONOIDIC FRACTION) : 450 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 : DR Amaizah

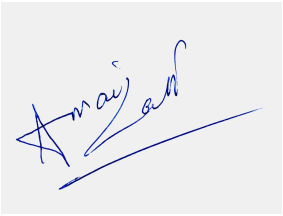
Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Date : 12-May-2025

Signature :



Date : 12-May-2025