Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MARVIN MOLINA JOSE**	**Service Date**	:**16-May-2025** **Network** : Green
Card No	: **I040-029-113718524-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MARVIN MOLINA JOSE**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2025** To **01-01-2026**		
Gender	: **Male**		
Date Of Birth	: **13-Nov-1978**		
Patient's Tel No	: **0524018876**		

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 : epigastric burning and pain started 15/05/25 known hyperetensive for 5 **Duration:**
years o/e : look irritable tender epigastric region

Vitals: Temp : 36.6 Bp :180 Pulse :96 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed,K29.00 - Acute gastritis without bleeding,E78.5 - Hyperlipidemia, unspecified, **Date of Onset** :16/36/2025

Requested Investigations: 0005-174202-0781, RISEK 40MG,96374, THER/PROPH/DIAG INJ IV PUSH,80061, LIPID PANEL,9, Consultation GP,80069, RENAL FUNCTION PANEL **Estimated Cost** :

Prescriptions: 0219-533801-0392 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS,6696-627102-1171 - (VALSARTAN : 160 MG) (AMLODIPINE (AS BESYLATE) : 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 : DR Amaizah

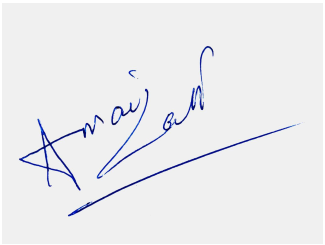
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 16-May-2025

Signature :



Date : 16-May-2025