

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MARVIN MOLINA JOSE
Card No : I040-029-113718524-01
Policy Holder : MARVIN MOLINA JOSE
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2025 To 01-01-2026
Gender : Male
Date Of Birth : 13-Nov-1978
Patient's Tel No : 0521094471

Service Date : 16-May-2025
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : DR Amaizah

Network : Green
Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Co-Insurance :
Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : pc : epigastric burning and pain started 15/05/25 known hyperetensive for 5 years o/e : look irritable tender epigastric region **Duration:**

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

Clinical Findings:

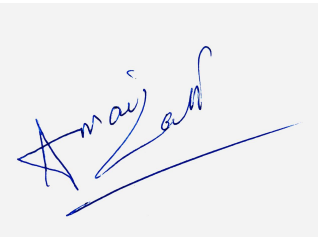
Diagnosis: I10 - Essential (primary) hypertension,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed,K29.00 - Acute gastritis without bleeding,E78.5 - Hyperlipidemia, unspecified, **Date of Onset :** 16/16/2025

Requested Investigations: 0005-174202-0781, RISEK 40MG,96374, THER/PROPH/DIAG INJ IV PUSH,80061, LIPID PANEL,9, Consultation GP,82565, CREATININE BLOOD,84520, UREA NITROGEN QUANTITATIVE **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.
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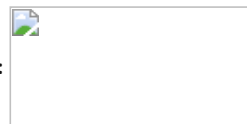
Dr's Name : DR Amaizah

Signature : 

Date : 16-May-2025

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