## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|
| **Patient Name** | : **SAMIR ELSAYED MOHAMED ALI GOMAA** | **Service Date** | :**26-May-2025** **Network** : Green |
| **Card No** | : **I040-029-121565065-01** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES** |
| **Policy Holder** | : **SAMIR ELSAYED MOHAMED ALI GOMAA** | **Doctor's Name** | :**AISHA** |
| **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** | : **17-Sep-1988** | | |
| **Patient's Tel No** | : **0528156822** | | |

| 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 :** pt came with severe burning pain in urine started this morning when ho void last time he feels that there is blockage in package **Duration:**

**Vitals:**Temp : 36.6 Bp :108 Pulse :75 Resp :18

**Clinical Findings:**

**Diagnosis:** N39.0 - Urinary tract infection, site not specified,R30.0 - Dysuria,R30.9 - Painful micturition, unspecified,E86.0 - Dehydration, **Date of Onset** :26/54/2025

**Requested Investigations:** 86140, C REACTIVE PROTEIN,80069, RENAL FUNCTION PANEL,0439-152905-1001, LACTATED RINGERS INJECTION USP,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-136504-1021, SCOPINAL,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT,9, Consultation GP,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, IV HYDRATION,0195-107704-0801, CEFTRIAXONE-TABUK IV-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,96374, INJECTION SERVICE-IV,0005-136504-1021, SCOPINAL,96372, INJECTION SERVICE-IM **Estimated Cost** :

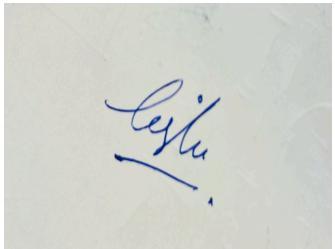
**Prescriptions:** 2803-238401-0061 - (TAMSULOSIN HCL : 0.4 MG) CAPSULES,6619-548302-0251 - (SODIUM BICARBONATE : 1.76G) (SODIUM CITRATE ANHYDROUS : 0.63G) (TARTARIC ACID : 0.89G) (CITRIC ACID ANHYDROUS : 0.715 G) EFFERVESCENT GRANULES,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM 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.

**Dr's Name** : AISHA **Stamp :**

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

**Signature :**  **Date** : 26-May-2025

**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.

**Patient 's signature{Parent if minor}** : **Date** : 26-May-2025