Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **LIEZEL SUICO DESABILLE**	**Service Date**	:**03-Jun-2025**
Card No	: **I040-029-113719145-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **LIEZEL SUICO DESABILLE**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2025** To **01-01-2026**		
Gender	: **Female**		
Date Of Birth	: **19-Oct-1974**		
Patient's Tel No	: **0567312820**		

Network : Green

Direct Access SP - YES

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 : epigastric pain dyspepsia abdominal pain **Duration :**

Vitals: Temp : 36 Bp :155 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: K25.3 - Acute gastric ulcer without hemorrhage or perforation,R10.13 - Epigastric pain,R14.0 - Abdominal distension (gaseous),R10.9 - Unspecified abdominal pain, **Date of Onset** :03/51/2025

Requested Investigations: 0005-174202-0781, RISEK 40MG,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,0005-136504-1021, SCOPINAL,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96360, HYDRATION IV INFUSION INIT **Estimated Cost** :

Prescriptions: 0005-136501-0391 - (HYOSCINE : 10 MG) FILM COATED TABLETS,0219-533801-0392 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS,0435-189403-0081 - (CALCIUM CARBONATE : 80 MG) (SODIUM BICARBONATE : 133.5MG) (SODIUM ALGINATE : 250 MG) CHEWABLE 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.

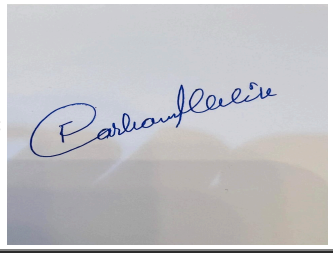
Dr's Name : Dr.Farhan Iyas

Stamp :

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Patient 's signature{Parent if minor} :

Date : 03-Jun-2025

Signature : 

Date : 03-Jun-2025