Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: WASIQ FIAZ FIAZ AHMAD	**Service Date**	:23-Jun-2025 **Network** : Green
Card No	: I011-029-120312827-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC **Direct Access SP - YES**
Policy Holder	: WASIQ FIAZ FIAZ AHMAD	**Doctor's Name**	:AISHA
Payer Name	: AL SAGR NATIONAL INSURANCE COMPANY	**Co-Insurance**	:
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 20-02-2025 To 19-02-2026		
Gender	: Male		
Date Of Birth	: 10-Sep-2000		
Patient's Tel No	: 0508918791		

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 : ABDOMINAL PAIN HOPC : PT CAME WITH THE COMPLAIN FOR ABDOMINAL PAIN AND NAUSEA STARTED FROM TODAY HE COMPLAIN OF SAME SYMPTOMS FOR THE LAST 7 MONTHS .ALONG WITH HE HAS FREQUENT URINATION O/E EPIGASTRIC TENDERNESS NO HISTORY OF PEPTIC ULCER ALLERGIES : NONE PMH : NONE **Duration:**

Vitals: Temp : 37.2 Bp :126 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,K85.80 - Other acute pancreatitis without necrosis or infection,R11.0 - Nausea,E86.0 - Dehydration,R35.8 - Other polyuria,R12 - Heartburn, **Date of Onset** :23/56/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82150, AMYLASE,83690, LIPASE,81003, URNLS DIP STICK TABLET RGNT AUTO WO MICROSCOPY,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-174202-0781, RISEK 40MG-(OMEPRAZOLE : 40 MG) POWDER FOR INFUSION,0439-152905-1001, LACTATED RINGERS INJECTION USP,86677, ANTIBODY HELICOBACTER PYLORI,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 1267-141604-0082 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0042-136501-1171 - (HYOSCINE : 10 MG) TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), **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.

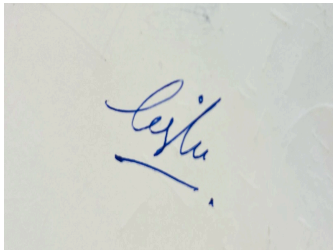
PATIENT'S DECLARATION :

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 : AISHA **Stamp :**

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

Patient 's signature{Parent : if minor} **Date :** 23-Jun-2025

Signature :  **Date** : 23-Jun-2025