Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ANGELA WANGUI MAINA**	**Service Date**	:**27-Jun-2025** **Network** : Green
Card No	: **I040-029-120110893-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **ANGELA WANGUI MAINA**	**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	: **Female**		
Date Of Birth	: **22-Feb-2002**		
Patient's Tel No	: **0553922018**		

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 : SEVRE LOWER ABDOMINAL , EPIGASTRIC PAIN , LOOSE STOOL , BURNING MICTURARION LOW GRADE FEVER ,, O/E : LOOK PALE , LETHARGY LOW BLOOD PRESSURE **Duration:**

Vitals: Temp : 36.4 Bp :112 Pulse :60 Resp :18

Clinical Findings:

Diagnosis: A05.9 - Bacterial foodborne intoxication, unspecified,R19.7 - Diarrhea, unspecified,R52 - Pain, unspecified, **Date of Onset** :27/04/2025

Requested Investigations: 0439-152905-1001, LACTATED RINGERS INJECTION USP,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,6619-608703-0831 - (SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION, **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 :** 27-Jun-2025

Signature : **Date** : 27-Jun-2025