

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ANGELA WANGUI
: MAINA

Card No : I040-029-120110893-01

Policy Holder : ANGELA WANGUI
: MAINA

Payer Name : UNION INSURANCE
: COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2025 To 01-01-
: 2026

Gender : Female

Date Of Birth : 22-Feb-2002

Patient's Tel No : 0553922018

Service Date :27-Jun-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :DR Amaizah

Network : Green

Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ 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 :

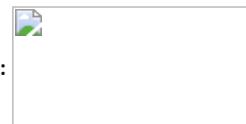
I hereby authorize any Healthcare provider, Insurer,
Employer or other organization to release any information
regarding my medical condition & history for purpose of
determining insurance benefits.

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}



27-
Date : Jun-
2025

Signature :

Date : 27-Jun-2025