Administrative MEDICAL CLAIM FORM Claim Ref: Service Date:01-Jul-2025 Network : Green **Patient** : HAIDAR ALIISSA Health Name :CITICARE MEDICAL CENTER LLC **Direct Access SP - YES Provider Card No** : 1011-029-121403572-01 Doctor's :Dr.Farhan Iyas **Policy** Name : HAIDAR ALIISSA Holder CONSULTATION LAB/RADIOLOGY PHYSIO PHARMACY P MATERNITY DENTAL Co-**AL SAGR NATIONAL** Insurance Payer Name: NIL | 10% 10% max NIL NIL NIL LIMIT NΑ **INSURANCE COMPANY** E CARE-Medium- Gold and **TPA** Remarks Silver : 16-06-2025 To 15-06-2026 Validity Gender : Male Date Of : 01-Jan-1998 **Birth** Patient's Tel : 0529260501 No ☐ Acute Pre-existing and chronic Maternity Chief Complaints: PATIENT CAME WITH THE ABDOMINAL .WHICH IS CENTERED . PATIENT HAS Duration: SAME PAIN FOR LONG TIME .PATIENT HAS RECURRENT EPISODE OF ABDOMINAL PAIN FREQUENTLY HE IS A SMOKER 2 PACKETS IN ONE DAY . THERE IS TENDERNESS IN THE EPIGASTRIC REGION Vitals:Temp: 36.8 Bp:124 Pulse:63 Resp:18 Clinical Findings: Diagnosis: K29.00 - Acute gastritis without bleeding, R10.13 - Epigastric pain, R10.9 - Unspecified abdominal :01/37/2025 Date of pain,R25.2 - Cramp and spasm, Onset **Estimated** Requested Investigations: 0005-136504-1021, SCOPINAL, 96372, THER/PROPH/DIAG INJ SC/IM, 9, Cost Consultation GP Prescriptions: 6445-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) DELAYED RELEASE Estimated: CAPSULES,0042-136501-1171 - (HYOSCINE : 10 MG) TABLETS,4884-622202-1171 - (SERRAPEPTASE : 10 MG) TABLETS, **MEDICAL PRACTITIONER DECLARATION: PATIENT'S DECLARATION:** I declare that I am the patient's medical practitioner and that the particulars given are to I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information the best of my knowledge true and correct. regarding my medical condition & history for purpose of determining insurance benefits.

Dr .Frahan Ilyas Malik Physician-General Practitioner

DHA-06441782-001

CITICARE MEDICAL CENTER
DUBAI U.A.E

Stamp:

Date : 01-Jul-2025

Dr's

Name

Signature:

: Dr. Farhan Iyas

Parliamplacite

Patient 's

if minor}

signature{Parent:

01-

2025

Date: Jul-