DirectThsclaimformBillingisnotan admissionClaim ofFormliability

Administrative Section

Policy number	13/XC/36458/0/100/E/0	Membership number	
Patient name	MUHAMMAD SHOAIB MUHAMMAD IKRAM	Provider name	CITICARE MEDICAL CENTER LLC
Date of treatment	03-Aug-2025	Patient Gender	◉ Male ○ Female

Medical Section

Type of visit ☐ **Outpatient** ☐ **Inpatient If** ☐ **Emergency** ☐ **Maternity** ☐ **Dental** ☐ **Optical**

If Pregnant: L.M.P. Date Nature of conception ○ **Natural** ○ **Assisted**

Chief complaint

pc : vomiting ,dehydration

hopc : pt came with the complain of vomiting ,with weakness started yesterday evening

o/e he is dehydrated

allergies none

pmh : none

History of present illness

Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms
No Previous Complaints Found									

Clinical findings/other conditions

Past medical history

Details of trauma - if applicable (where, when & how) ☐ **Work Related** ☐ **RTA Related** ☐ **Sports Related**

If yes ○ **Professional** ○ **Non-Professional**

Diagnosis

R11.2 - Nausea with vomiting, unspecified, E86.0 - Dehydration, R50.9 - Fever, unspecified, R19.7 - Diarrhea, unspecified, R10.84 - Generalized abdominal pain, R12 - Heartburn

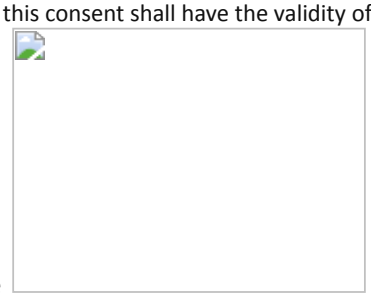
Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 9.01, FOLLOW UP GP,0005-174202-0781, RISEK 40MG,96367, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) additional seq,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,96372, Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu,0439-152905-1001, LACTATED RINGERS INJECTION USP,96361, Intravenous infusion hydration each additional hour (List separately in addition to code for primary,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) initial up to

Prescription:6619-230505-0831 - (SODIUM CHLORIDE : 2.6 G) (POTASSIUM CHLORIDE : 1.5 G) (SODIUM CITRATE : 2.9 G) (DEXTROSE ANHYDROUS : 13.5 G) POWDER FOR SOLUTION,0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,

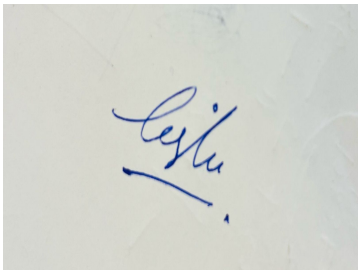
Patient declaration **Medical practitioner declaration**

I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.

Signature  Date:03-Aug-2025

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.

Name

Signature  Date:03-Aug-2025

Stamp

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

WARNING:Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

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