Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: **MKDAD SHADE KASO**	**Service Date**	:**07-Aug-2025**
Card No	: **I011-029-119924895-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **MKDAD SHADE KASO**	**Doctor's Name**	:**KEERTHANA**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **ECARE-EBP EBP Enhanced CLASIC**	**Remarks**	:
Validity	: **16-06-2025** To **15-06-2026**		
Gender	: **Male**		
Date Of Birth	: **29-Jun-2004**		
Patient's Tel No	: **0506462654**		

Network : Green

Direct Access SP - YES

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 generalised tiredness,loose stools,abdominal pain HOPCgeneralised tiredness,loose stools,abdominal pain since yesterday O\E p\a soft non tender No history of drug allergy He had food from restaurant **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :60 Resp :18

Clinical Findings:

Diagnosis: R19.7 - Diarrhea, unspecified,R10.84 - Generalized abdominal pain,R42 - Dizziness and giddiness,K29.60 - Other gastritis without bleeding, **Date of Onset** :07/44/2025

Requested Investigations: 0005-242802-0781, PANTONIX 40MG I.V.,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 0097-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION,0219-533801-0391 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) FILM COATED TABLETS,1795-502202-1451 - (SPORE OF BACILLUS CLAUSI : 2 BILLION) 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 : KEERTHANA

Stamp :

د. كيرثانا راني باديبورايل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مـركـز سيتيكير الطبي ذ م م
CITICARE MEDICAL CENTER LLC

Patient 's signature{Parent : if minor}

Date : 07-Aug-2025

Signature :

Date : 07-Aug-2025