Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: ABHISHEK KARKI**
Card No	**: I035-029-118340918-01**
Policy Holder	**: ABHISHEK KARKI**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 28-05-2025** To **27-05-2026**
Gender	**: Male**
Date Of Birth	**: 25-Oct-2000**
Patient's Tel No	**: 0505116430**

Service Date :08-Aug-2025 **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:AISHA**

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 : blood while passing stool hopc : pt came with heartburn along with flatulence and unable to clear stomach properly . he also has a complain of blood in stool for the last 15 days . examination not done because pt didnt allow allergies : none no past medical and surgical history **Duration:**

Vitals: Temp : 36.6 Bp :110 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R14.3 - Flatulence,R10.0 - Acute abdomen,K64.0 - First degree hemorrhoids,K60.0 - Acute anal fissure,E86.0 - Dehydration, **Date of Onset** :08/16/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,86677, ANTIBODY HELICOBACTER PYLORI,87338, IAAD EIA HPYLORI STOOL,0005-174202-0781, RISEK 40MG,9, Consultation GP,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,1267-141614-1112 - (ALUMINIUM HYDROXIDE : 225 MG/5ML) (SIMETHICONE : 25 MG/5 ML) (MAGNESIUM HYDROXIDE : 200 MG/5ML) SUSPENSION,0046-882601-1101 - (NEO-HEALAR EXTRACT {EQUIVALENT TO 0.23-0.52G MIXTURE OF LUPINUS ALBUS (LUPIN BEANS), VATERIA INDICA (WHITE DAMMAR RESIN), ALOE VERA (ALOE JUICE), PEPPERMINT OIL (1/1/2/0.8)} : 181.833 MG) SUPPOSITORY,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0071-158501-0391 - (HESPERIDIN : 50 MG) (DIOSMIN (FLAVONOIDIC FRACTION) : 450 MG) FILM COATED TABLETS, **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 : AISHA

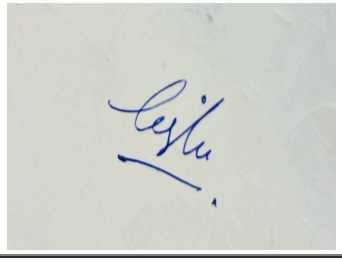
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 08-Aug-2025

Signature :



Date : 08-Aug-2025