

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

CATHYRENE ESTUYA

Card No

I011-029-121962882-01

Policy Holder

CATHYRENE ESTUYA

Holder

APURADA

Payer Name

AL SAGR NATIONAL INSURANCE COMPANY

TPA

E CARE - Blue Network

Validity

13-03-2025 To 12-03-2026

Gender

Female

Date Of Birth

10-Nov-1987

Patient's Tel No

0545648080

Service Date

10-Aug-2025

Health Provider

CITICARE MEDICAL CENTER LLC

Doctor's Name

DR Amaizah

Co-Insurance

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

Network

Green

Direct Access SP

YES

Remarks

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

pc : severe pain in epigastric region , and nuasea , vomitting , low garde fever
started 09/08/25 loose stool 07 episodes today , o/e : look dehydrated and pale tender
epigastric

Vitals

Temp : 36.2 Bp :120 Pulse :80 Resp :18

Clinical Findings:

Diagnosis

R19.7 - Diarrhea, unspecified,K29.00 - Acute gastritis without bleeding,E86.0 - Dehydration,R10.816 - Epigastric abdominal tenderness,R11.2 - Nausea with vomiting, unspecified,

Date of Onset

10/35/2025

Requested Investigations

0439-152905-1001, LACTATED RINGERS INJECTION USP,0005-136504-1021, SCOPINAL,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,INJ060, INJ-METRONIDAZOLE 500 MG/100ML - IV,96360, HYDRATION IV INFUSION INIT,9, Consultation GP

Estimated Cost

Prescriptions

0005-136501-0392 - (HYOSCINE : 10 MG) FILM COATED TABLETS,0415-200001-1452 - (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN),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,

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

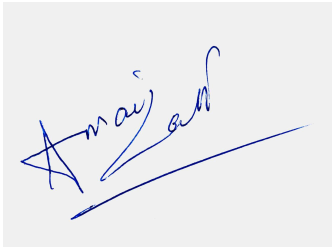
General Practitioner

DHA: 98486553-001

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature



Date

10-Aug-2025

Patient 's signature{Parent : if minor}



Date

10-Aug-2025