Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: DJAMEL SEHAD**
Card No	**: I040-029-117807588-01**
Policy Holder	**: DJAMEL SEHAD**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2025** To **01-01-2026**
Gender	**: Male**
Date Of Birth	**: 17-Nov-1994**
Patient's Tel No	**: 0524408876**

Service Date **:24-Aug-2025** **Network** **:** Green

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

Doctor's Name **:KEERTHANA**

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 NAUSEA,EPIGASTRIC PAIN,DIARRHEA,DIZZINESS HOPC pt presents with complaints of severe epigastric pain,multiple episodes of loose stools,fever,nausea,dizziness since 5am.He ate sandwich,mayonnaise in the last night following which he fell ill O\E He looks pale and dehydrated,dry oral cavity P\A SOFT,EPIGASTRIC AND PERIUMBLICAL TENDERNESS No drug allergy Nil comorbs **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: A09 - Infectious gastroenteritis and colitis, unspecified,R10.10 - Upper abdominal pain, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,R11.2 - Nausea with vomiting, unspecified, **Date of Onset** **:**24/11/2025

Requested Investigations: 0439-152905-1001, LACTATED RINGERS INJECTION USP,0005-136504-1021, SCOPINAL-(HYOSCINE : 20 MG/ML) SOLUTION FOR INJECTION,0005-242802-0781, PANTONIX 40MG I.V.,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,96360, HYDRATION IV INFUSION INIT **Estimated Cost** **:**

Prescriptions: 0097-397801-0391 - (DOMPERIDONE (AS MALEATE) : 10 MG) FILM COATED TABLETS,0097-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION,1795-502202-1451 - (SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN),0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0152-116604-0391 - (METRONIDAZOLE : 500 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.

Dr's Name **:** KEERTHANA **Stamp :**

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

Signature : **Date** **:** 24-Aug-2025

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.

Patient 's signature{Parent if minor} **:** **Date :** 24-Aug-2025