## Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|
| **Patient Name** | : **BERDIGUL SEYITMAMMEDOV** | **Service Date** | **:05-Jul-2024** **Network** : Green |
| **Card No** | : **I035-029-120873021-01** | **Health Provider** | **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES** |
| **Policy Holder** | : **BERDIGUL SEYITMAMMEDOV** | **Doctor's Name** | **:Humaira** |
| **Payer Name** | : **SALAMA – Islamic Arab Insurance Company** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **30-05-2024** To **07-08-2024** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **04-Aug-2005** | | |
| **Patient's Tel No** | : **0585181838** | | |

| 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 :** co lump on the lower lip 3 cm in length 5 june 2024 oe there is a mass protuberant no painful some times bigger and some times smaller chest is clear no added sounds stable **Duration:**

**Vitals:**Temp : 37 Bp :114 Pulse :86 Resp :18

**Clinical Findings:**

**Diagnosis:** K13.70 - Unspecified lesions of oral mucosa, **Date of Onset** : 05/07/2024

**Requested Investigations:** 9, Consultation GP **Estimated Cost** :

**Prescriptions:** **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.

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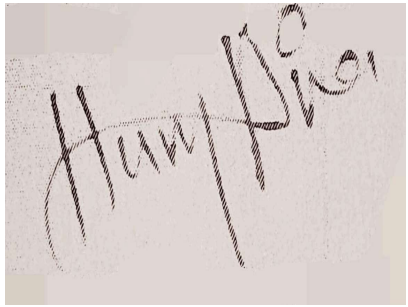
| **Dr's Name** | : Humaira | **Stamp :** | Dr. Humaira Mumtaz<br>General Practitioner<br>DHA No: 54155530-002<br>CITICARE MEDICAL CENTER LLC<br>DUBAI - U.A.E. | **Patient 's signature{Parent : if minor}** | | **Date :** | 05-Jul-2024 |
| **Signature :** |  | **Date** | : 05-Jul-2024 | | | | |