Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: NADEEM AHMAD SALIM KHAN**	**Service Date**	**:26-Jul-2024**
Card No	**: I011-029-119557476-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: NADEEM AHMAD SALIM KHAN**	**Doctor's Name**	**:Humaira**
Payer Name	**: AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	**:**
TPA	**: E CARE - Blue Network**	**Remarks**	**:**
Validity	**: 19-06-2024** To **18-06-2025**		
Gender	**: Male**		
Date Of Birth	**: 20-Feb-1983**		
Patient's Tel No	**: 0554951623**		

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 : co back pain pain in urination dark colour urine 18th july 2024 oe lower abdominal pain chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.5 Bp :110 Pulse :89 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R30.9 - Painful micturition, unspecified,M62.830 - Muscle spasm of back,E86.0 - Dehydration, **Date of Onset** :26/08/2024

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL, **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.

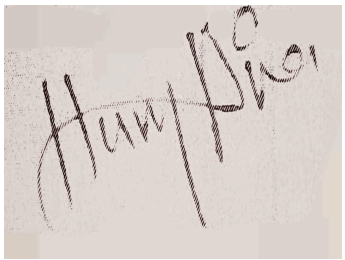
PATIENT'S DECLARATION :

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 : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 26-Jul-2024

Signature :  **Date** : 26-Jul-2024