Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **NADEEM AHMAD SALIM KHAN**	**Service Date**	:**02-Aug-2024** **Network** : Green
Card No	: **I011-029-119557476-02**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
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**		

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 itching in the scortal region from may 2024 oe skin rashes on the scortal region chest is clear no addded sounds restless **Duration:**

Vitals: Temp : 36.5 Bp :130 Pulse :89 Resp :18

Clinical Findings:

Diagnosis: L29.9 - Pruritus, unspecified,R21 - Rash and other nonspecific skin eruption, **Date of Onset** :02/36/2024

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0009-140401-0151 - (MICONAZOLE : 2%) CREAM,0195-123701-0391 - (CETIRIZINE HCL : 10 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.

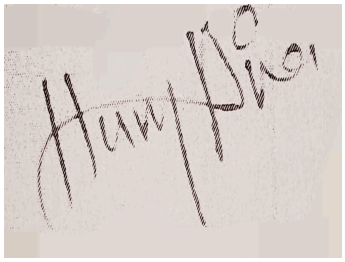
PATIENT'S DECLARATION :

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 : 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 :** 02-Aug-2024

Signature :  **Date** : 02-Aug-2024