

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NADEEM AHMAD SALIM KHAN

Service Date : 19-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 : Enomen Goodluck

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

Co-Insurance :

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

TPA : E CARE - Blue Network

Validity : 19-06-2024 To 18-06-2025

Gender : Male

Remarks :

Date Of Birth : 20-Feb-1983

Patient's Tel No : 0554951623

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : High grade fever, pain in throat, nasal congestion, generalized body aches, and now weakness. Duration: 6days Has been on Panadol and some other medicines but no improvement.

Duration:**Vitals:**Temp : 38.1 Bp :120 Pulse :92 Resp :18**Clinical Findings:**

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site,R07.0 - Pain in throat,J30.9 - Allergic rhinitis, unspecified,

Date of Onset :19/38/2024

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV,2190-106618-1001, PARAFUSIV,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,82948, REAGENT STRIP/BLOOD GLUCOSE,9.01, Follow Up Consultation GP

Estimated : Cost

Prescriptions: 0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



Date : 19-Aug-2024

Signature :

Date : 19-Aug-2024