Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: DAMBAR SINGH KRIPAL SINGH	**Service Date**	:21-Aug-2024	**Network**	: Green
Card No	: I035-029-118743877-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access Sl**
Policy Holder	: DAMBAR SINGH KRIPAL SINGH	**Doctor's Name**	:Enomen Goodluck		
Payer Name	: SALAMA – Islamic Arab Insurance Company	**Co-Insurance**	:		
TPA	: E CARE - Blue Network				
Validity	: 23-11-2023 To 22-11-2024				
Gender	: Male	**Remarks**	:		
Date Of Birth	: 09-Jan-1987				
Patient's Tel No	: 0543922018				

CONSULTATION	LAB/ RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Fever, cold and generalized body pains Duration: 3days. Also has cough **Duration :**

Vitals: Temp : 38.6 Bp :109 Pulse :85 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified,R05 - Cough,R06.7 - Sneezing, **Date of Onset**

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,0005-111805-1021, CHLOROHISTOL 10MG,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/ IM,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,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.

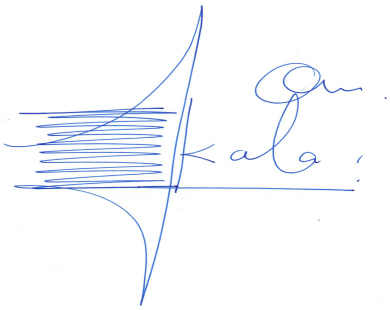
PATIENT'S DECLARATION :

I hereby authorize any Healthcar or other organization to release a medical condition & history for p 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}

Signature :  **Date** : 21-Aug-2024