

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NARESH GENDA LAL
Card No : I035-029-118743875-01
Policy Holder : NARESH GENDA LAL
Payer Name : SALAMA – Islamic Arab Insurance Company
TPA : E CARE - Blue Network
Validity : 23-11-2023 To 22-11-2024
Gender : Male
Date Of Birth : 03-Aug-1993
Patient's Tel No : 0569644103

Service Date : 23-Aug-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : Humaira
Co-Insurance :

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

Network : Green
Direct Access S

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : co fever on and off dry cough pain in the throat 19th august 2024 oe enlarge Duration: tonsills and inflamed chest is congested no added sounds restless

Vitals:Temp : 36.5 Bp :122 Pulse :71 Resp :20

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,J03.90 - Acute tonsillitis, Date of unspecified,R05 - Cough, Onset

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC **Estimated : Cost**
AUTOMATED,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP

Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,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 or other organization to release a medical condition & history for p insurance benefits.

Dr's Name : Humaira

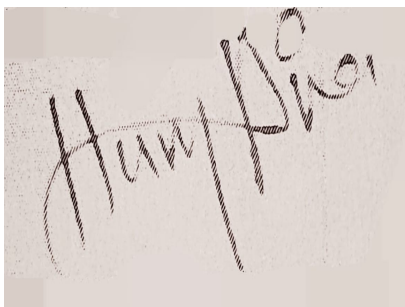
Stamp :

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

Patient's signature{Parent : if minor}



Signature :

A handwritten signature in black ink on a light-colored background. The signature is stylized and appears to read 'Hany Dia'.

Date : 23-Aug-2024