Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **NADEEM AHMAD SALIM KHAN**
Card No	: **I011-029-119557476-02**
Policy Holder	: **NADEEM AHMAD SALIM KHAN**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**
TPA	: **E CARE - Blue Network**
Validity	: **19-06-2024** To **18-06-2025**
Gender	: **Male**
Date Of Birth	: **20-Feb-1983**
Patient's Tel No	: **0554951623**

Service Date :**28-Aug-2024** **Network** : Green

Health Provider :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name :**Humaira**

Co-Insurance :

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

Remarks :

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

Chief Complaints : co running nose cough headache fever on and off 25th august 2024 oe redness around the mouth chest is congested no added sounds restless **Duration:**

Vitals: Temp : 36.6 Bp :142 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: R51.9 - Headache, unspecified,I10 - Essential (primary) hypertension,J30.9 - Allergic rhinitis, unspecified, **Date of Onset** :28/05/2024

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 6533-238103-1171 - (OLMESARTAN MEDOXOMIL : 10 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,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.

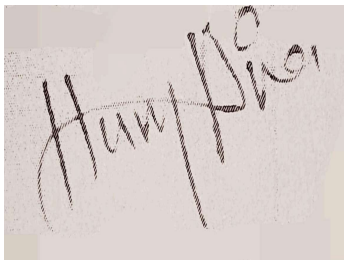
PATIENT'S DECLARATION :

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 :** 28-Aug-2024

Signature :  **Date** : 28-Aug-2024