Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **JANE FRANCIS CABALLES DE REAL**	**Service Date**	:**02-Sep-2024**
Card No	: **I022-029-120411590-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **JANE FRANCIS CABALLES DE REAL**	**Doctor's Name**	:**Humaira**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **03-07-2024** To **02-07-2025**		
Gender	: **Female**		
Date Of Birth	: **16-Dec-1984**		
Patient's Tel No	: **0586276930**		

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

Network : Green

Direct Access SP - YES

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

Chief Complaints : co fever on and off taking tablet panadol at home running nose dry cough pain in throat 31th august 2024 oe enlarge tonsills chest is congested no added siounds restless **Duration:**

Vitals: Temp : 37.3 Bp :119 Pulse :93 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J03.91 - Acute recurrent tonsillitis, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding, **Date of Onset** :02/33/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-107704-0801, CEFTRIAXONE-TABUK IV,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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

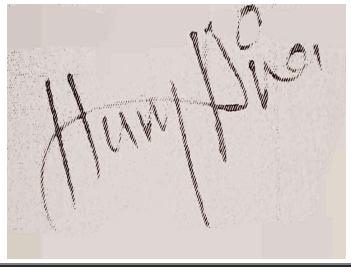
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 02-Sep-2024

Signature :



Date : 02-Sep-2024