Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: ISLAM HAFSI	**Service Date**	:05-Sep-2024
Card No	: I022-029-120338346-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: ISLAM HAFSI	**Doctor's Name**	:Humaira
Payer Name	: TAKAFUL EMARAT	**Co-Insurance**	:
TPA	: E CARE - Blue Network		
Validity	: 17-01-2024 To 16-01-2025		
Gender	: Female	**Remarks**	:
Date Of Birth	: 07-Oct-1988		
Patient's Tel No	: 0521706901		

Network : Green

Direct Access SP - YES

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

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

Chief Complaints : co headache fever on and off running nose pain in throat 2nd sep. 2024 oe enlarge tonsills dehydrated chest is clear no added sounds restless rest for 2 days **Duration:**

Vitals: Temp : 37.2 Bp :98 Pulse :100 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,J02.9 - Acute pharyngitis, unspecified,K29.00 - Acute gastritis without bleeding, **Date of Onset** :05/29/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,5101-640429-0061 - (VITAMIN D3 (CHOLECALCIFEROL) : 2000 IU) CAPSULES,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 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

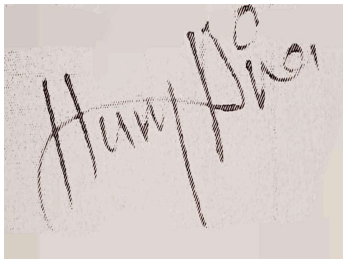
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 05-Sep-2024

Signature :



Date : 05-Sep-2024