Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name : ISLAM MAKRAM KAMEL MOUSTAFA
Card No : I022-029-121363635-01
Policy Holder : ISLAM MAKRAM KAMEL MOUSTAFA
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 17-09-2024 To 16-09-2025
Gender : Male
Date Of Birth : 12-Jul-1988
Patient's Tel No : 0524126872

Service Date :14-Oct-2024
Health Provider :CITICARE MEDICAL CENTER LLC
Doctor's Name :Humaira
Co-Insurance :

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

Remarks :

Network : Green
Direct Access SP - YES

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

Chief Complaints : co fever on and off taking penadol at home dry cough nasal blockage ear pain left side 11th oct 2024 oe smoker chest is congested no addded sounds smal laceration beside the membrane restless

Duration:

Vitals: Temp : 36.7 Bp :106 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,H66.92 - Otitis media, unspecified, left ear,R50.9 - Fever, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding,

Date of Onset :14/43/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP

Estimated Cost :

Prescriptions: 0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,2118-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS,

Estimated Cost :

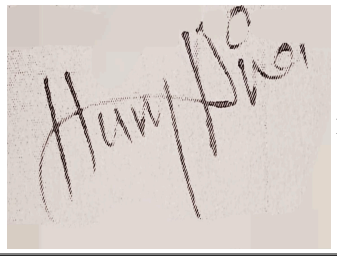
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name : Humaira

Stamp :

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

Signature : 

Date : 14-Oct-2024

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.

Patient 's signature{Parent : if minor}

Date : 14-Oct-2024