Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: Dahiana Arboleda Cardona**	**Service Date**	**:21-Oct-2024**	**Network**	**:** Green
		Health Provider	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Card No	**: 784-2007-8757108-0**	**Doctor's Name**	**:Humaira**		
Policy Holder	**: Dahiana Arboleda Cardona**	**Co-Insurance**	**:**		
Payer Name	**: TAKAFUL EMARAT**	**Remarks**	**:**		
TPA	**: E CARE - Blue Network**				
Validity	**: 29-02-2024** To **27-02-2025**				
Gender	**: Female**				
Date Of Birth	**: 22-Aug-2007**				
Patient's Tel No	**: 0561790894**				

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 stomach pain constipation urinary frequency dribbling of the urine pain in urination fever on and off 8th oct 2024 oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37.2 Bp :104 Pulse :64 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,N39.43 - Post-void dribbling,R30.9 - Painful micturition, unspecified,K56.41 - Fecal impaction,K29.00 - Acute gastritis without bleeding,R50.9 - Fever, unspecified, **Date of Onset** **:**21/02/2024

Requested Investigations: 9, Consultation GP,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0102-111908-1001, SODIUM CHLORIDE B.P.,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,86677, ANTIBODY HELICOBACTER PYLORI,30042033, CIPROFLOXACIN,0002-116601-1001, METRONIDAZOLE : 500 MG/100ML) SOLUTION FOR INFUSION **Estimated : Cost**

Prescriptions: 0188-232402-0391 - (ESOMEPRAZOLE : 20 MG) FILM COATED TABLETS,1291-170801-1161 - (LACTULOSE : 66.7%) SYRUP,0097-658501-0252 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,0195-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0355-103201-0391 - (CIPROFLOXACIN : 500 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.

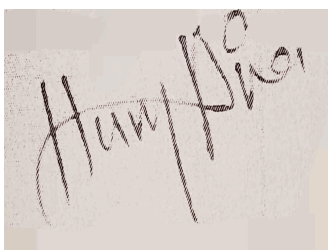
PATIENT'S DECLARATION :

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 :** 21-Oct-2024

Signature :  **Date** : 21-Oct-2024