Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: Dahiana Arboleda Cardona**	**Service Date**	**:21-Oct-2024**	**Network**	**:** Green
Card No	**: 784-2007-8757108-0**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	**: Dahiana Arboleda Cardona**	**Doctor's Name**	**:Humaira**		
Payer Name	**: TAKAFUL EMARAT**	**Co-Insurance**	**:**		
TPA	**: E CARE - Blue Network**	**Remarks**	**:**		
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 : ciprofloxacine is allergic and redness all over the body appear, 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** **:**21/03/2024

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 ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM **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, **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.

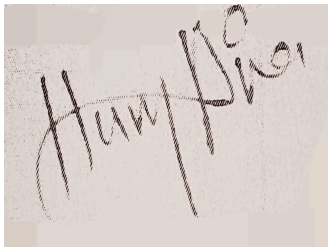
PATIENT'S DECLARATION :

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