

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NASHAAT MOHAMED AMIN
ABOUABDALLA
Card No : I005-029-119192245-03
Policy Holder : NASHAAT MOHAMED AMIN
ABOUABDALLA
Payer Name : DUBAI INSURANCE
COMPANY
TPA : E CARE - Green Network
Validity : 24-02-2024 To 23-02-2025
Gender : Male
Date Of Birth : 13-Mar-1982
Patient's Tel No : 0525105406

Service Date : 24-Oct-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : AHSAN HUSSAIN

Network : Green
Direct Access SP - YES

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

Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : PC: FUNNGAL INFECTION CORPORIS ' RINGWORM INFECTION ITCHING Duration :

Vitals:Temp : 37 Bp :122 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: B35.4 - Tinea corporis,L23.89 - Allergic contact dermatitis due to other agents, Date of Onset : 24/05/2024

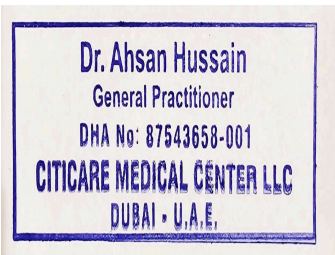
Estimated Cost :

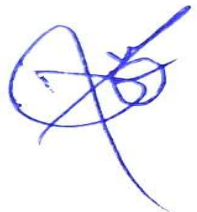
Requested Investigations: 9, Consultation GP

Prescriptions: 0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,0027-109206-0151 - (TERBINAFINE (AS HCL) : 1%) CREAM, 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.
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Dr's Name : AHSAN HUSSAIN

Stamp : 

Signature : 

Date : 24-Oct-2024

Patient 's signature{Parent : if minor}



Date : Oct-2024