

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

:28-Oct-2024

Health Provider

:CITICARE MEDICAL CENTER LLC

Doctor's Name

:Enomen Goodluck

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

: PC: Cough,nasal congestion, and runny nose. Duration: 2days. Headache and atypical facial pains.

Vitals

:Temp : 36.6 Bp :123 Pulse :92 Resp :18

Clinical Findings:

Diagnosis:

J01.90 - Acute sinusitis, unspecified,R51.9 - Headache, unspecified,R09.81 - Nasal congestion,

Date of Onset

:28/28/2024

Estimated Cost

:

Requested Investigations:

9, Consultation GP

Prescriptions:

0252-389802-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,5253-649501-3851 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) NASAL SPRAY,1516-107903-1171 - (IBUPROFEN : 600 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

: Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata

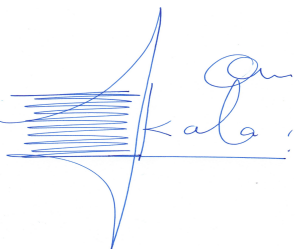
General Practitioner

DHA No: 28040827-001

CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

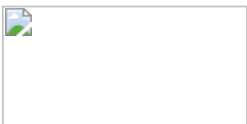
Signature :



Date

: 28-Oct-2024

Patient 's signature{Parent : if minor}



Date

: Oct-2024