Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ISLAM MAKRAM KAMEL MOUSTAFA**	**Service Date**	:**28-Oct-2024**
Card No	: **I022-029-121363635-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **ISLAM MAKRAM KAMEL MOUSTAFA**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **17-09-2024** To **16-09-2025**		
Gender	: **Male**		
Date Of Birth	: **12-Jul-1988**		
Patient's Tel No	: **0524126872**		

Network : Green

Direct Access SP - YES

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

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.

Patient 's signature{Parent if minor} :

Date : 28-Oct-2024

Signature :

Date : 28-Oct-2024