# Administrative MEDICAL CLAIM FORM Claim Ref:

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|---|---|---|---|
| **Patient Name** | : **MANJUSHA ADLAKHA NARAYAN LAL ADLAKHA** | **Service Date** | :**07-Nov-2024** |
| **Card No** | : **R6604522** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **MANJUSHA ADLAKHA NARAYAN LAL ADLAKHA** | **Doctor's Name** | :**Humaira** |
| **Payer Name** | : **TAKAFUL EMARAT** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **31-07-2024** To **30-07-2025** | | |
| **Gender** | : **Female** | | |
| **Date Of Birth** | : **17-Oct-1979** | | |
| **Patient's Tel No** | : **0523668349** | | |

**Network** : Green

**Direct Access SI**

| CONSULTATION | LAB/ RADIOLOGY | PHYSIO | PHARMACY | IP | MATEF |
|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% |

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** she slipped in the washroom cut near the eye but eye is ok pain is there 3rd nov. 2024 oe chest is clear no addded sound restless **Duration:**

**Vitals:**Temp : 36.6 Bp :116 Pulse :78 Resp :18

**Clinical Findings:**

**Diagnosis:** S01.112A - Laceration w/o fb of left eyelid and periocular area, init,R52 - Pain, unspecified, **Date of Onset**

**Requested Investigations:** 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 0278-107903-0391 - (IBUPROFEN : 600 MG FILM COATED TABLETS,0250-125803-0651 - (POVIDONE IODINE : 10%) OINTMENT, **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 :**

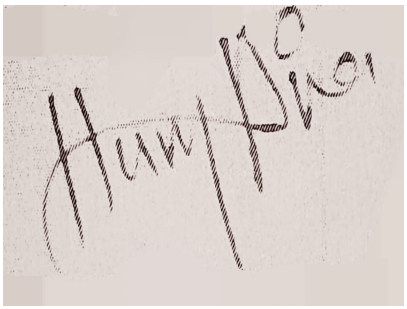
I hereby authorize any Healthcar or other organization to release a medical condition & history for p insurance benefits.

**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}** :

**Signature :**  **Date :** 07-Nov-2024