Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD ISMAIL HAFIZ ALLAH DITTA**	**Service Date**	**:13-Nov-2024**	**Network**	**:** Green
Card No	: **I011-029-120358189-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access Sl**
Policy Holder	: **MUHAMMAD ISMAIL HAFIZ ALLAH DITTA**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**				
Validity	: **01-05-2024** To **30-04-2025**				
Gender	: **Male**	**Remarks**	:		
Date Of Birth	: **01-Apr-1974**				
Patient's Tel No	: **0556740330**				

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

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

Chief Complaints : PC: injury to the right foot. Duration: 10mins Said to have fallen from a motor bike in Arjan. Said to have dozed off while riding as he didn't get a good sleep the previous day. Exam: A superficial abrassion measuring 7cm in it's widest axis. **Duration:**

Vitals: Temp : 36.5 Bp :110 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: S90.811A - Abrasion, right foot, initial encounter,G89.11 - Acute pain due to trauma, **Date of Onset**

Requested Investigations: 51.02, Non-surgical cleansing with surgical dressing between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters,INJ017, INJ-TETANUS TOXOID,96372, INJECTION SERVICE-IM,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN **Estimated Cost :**

Prescriptions: 0097-116207-0392 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0005-106601-0052 - (PARACETAMOL : 500 MG) CAPLETS, **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.

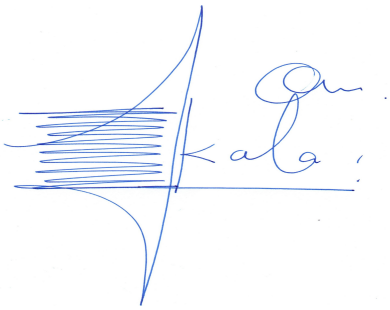
PATIENT'S DECLARATION :

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

Dr's Name : 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}

Signature :  **Date** : 13-Nov-2024