Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **VISHAL KUMAR CHAUDHARY**	**Service Date**	:**14-Nov-2024**	**Network**	: Green
Card No	: **I011-029-119736610-02**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **VISHAL KUMAR CHAUDHARY**	**Doctor's Name**	:**Humaira**		
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Remarks**	:		
TPA	: **E CARE - Blue Network**				
Validity	: **19-06-2024** To **18-06-2025**				
Gender	: **Male**				
Date Of Birth	: **06-Aug-1993**				
Patient's Tel No	: **0523004789**				

Co-Insurance :

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 : cofever on and off taking penadol at home dry cough running nose 7th nov. **Duration:** 2024 oe chest is congested no added sounds restless smoker advise rest for one day

Vitals: Temp : 36.6 Bp :110 Pulse :67 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding, **Date of Onset** :14/52/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE,6445-533801-1561 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG DELAYED RELEASE CAPSULES,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG FILM COATED 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.

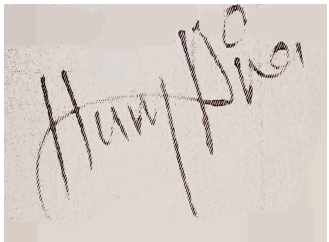
PATIENT'S DECLARATION :

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 : 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} **Date :** 14-Nov-2024

Signature :  **Date** : 14-Nov-2024