Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name : **IFTIKHAR ALI ZULFIQAR ALI**
Card No : **I011-029-120758276-02**
Policy Holder : **IFTIKHAR ALI ZULFIQAR ALI**
Payer Name : **AL SAGR NATIONAL INSURANCE COMPANY**
TPA : **E CARE - Blue Network**
Validity : **01-05-2024** To **30-04-2025**
Gender : **Male**
Date Of Birth : **25-Mar-1987**
Patient's Tel No : **0588607953**

Service Date :**24-Nov-2024** **Network** : Green
Health Provider :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Doctor's Name :**Humaira**
Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

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

Chief Complaints : co laceration on the leg he slipped from the bike on the road 20th nov. 2024 **Duration:**
oe chest is clear no added sounds restless

Vitals: Temp : 36 Bp :110 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: S81.819A - Laceration without foreign body, unsp lower leg, init encntr,R50.9 - Fever, unspecified,R52 - Pain, unspecified, **Date of Onset** :24/32/2024

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

Prescriptions: 0250-125803-0651 - (POVIDONE IODINE : 10%) OINTMENT,0195-116604-0391 - (METRONIDAZOLE : 500 MG FILM COATED TABLETS,0219-142902-1452 - (CEFIXIME : 400 MG CAPSULES (HARD GELATIN,0005-107001-0051 - (CAFFEINE : 65 MG) (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 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

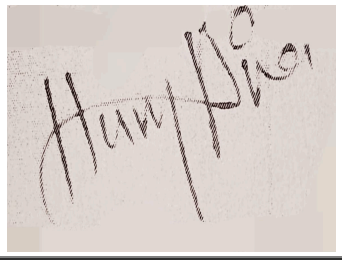
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 24-Nov-2024

Signature :



Date : 24-Nov-2024