# Administrative MEDICAL CLAIM FORM Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **Waqas Babar Mushtaq Ali** | **Service Date** | :**04-Dec-2024** |
| **Card No** | : **I011-029-120429755-02** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **Waqas Babar Mushtaq Ali** | **Doctor's Name** | :**Enomen Goodluck** |
| **Payer Name** | : **AL SAGR NATIONAL INSURANCE COMPANY** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **01-05-2024** To **30-04-2025** | | |
| **Gender** | : **Female** | | |
| **Date Of Birth** | : **01-Mar-2003** | | |
| **Patient's Tel No** | : **0527420167** | | |

**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: Pain in throat, fever and generalized body pains. Duration: 4days, There is no cough **Duration:**

**Vitals:**Temp : 38.6 Bp :134 Pulse :85 Resp :18

**Clinical Findings:**

**Diagnosis:** J03.90 - Acute tonsillitis, unspecified,J01.20 - Acute ethmoidal sinusitis, unspecified,R50.9 - Fever, unspecified,M79.10 - Myalgia, unspecified site, **Date of Onset** :04/41/2024

**Requested Investigations:** 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,1516-107902-1171 - (IBUPROFEN : 400 MG TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 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

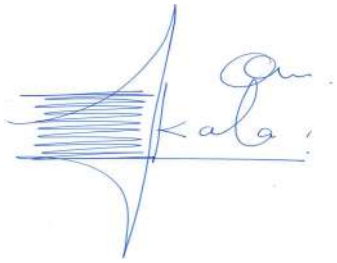
**Stamp :**

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 :** 04-Dec-2024

**Signature :**



**Date** : 04-Dec-2024