Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	**: SANA FAYYAZ ASHFAQ AHMAD SHAHZAD**
Card No	**: I022-029-121571466-01**
Policy Holder	**: SANA FAYYAZ ASHFAQ AHMAD SHAHZAD**
Payer Name	**: TAKAFUL EMARAT**
TPA	**: E CARE - Blue Network**
Validity	**: 26-10-2024** To **25-10-2025**
Gender	**: Female**
Date Of Birth	**: 06-Mar-1983**
Patient's Tel No	**: 0558803738**

Service Date :04-Dec-2024 **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:Enomen Goodluck**

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 : PC: Generalized body pains. Especially on both shoulders and neck pain. Has no other complaint and there is no fever. Systemic review not contributory. Vitamin D requested but patient has declined; says she needs permission from husband. **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: M25.519 - Pain in unspecified shoulder,R52 - Pain, unspecified,E55.9 - Vitamin D deficiency, unspecified, **Date of Onset** :04/50/2024

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP **Estimated Cost** :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-142201-2401 - (DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS,2093-596002-0431 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G GEL, **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