

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

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: Enomen Goodluck

Co-Insurance

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

Network

: Green

Direct Access SP

: YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC: Generalized body pains. Especially on both shoulders and neck pain. Has Duration: 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.

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.

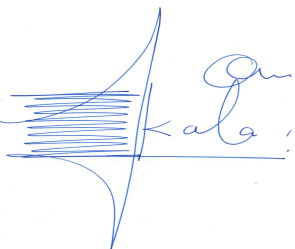
Dr's Name

: Enomen Goodluck

Stamp

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

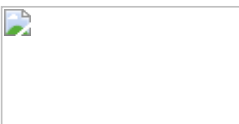
Signature



Date

: 04-Dec-2024

Patient 's signature{Parent : if minor}



Date

: Dec-2024