

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MUHAMMAD BAHIR

Card No : I022-029-114042580-01

Policy Holder : MUHAMMAD BAHIR

Payer Name : TAKAFUL EMARAT

TPA : E CARE - Blue Network

Validity : 30-08-2024 To 29-08-2025

Gender : Male

Date Of Birth : 16-Jun-1990

Patient's Tel No : 765697144

Service Date :14-Dec-2024

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :Enomen Goodluck

Co-Insurance :

Remarks :

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 :Duration :

Vitals:

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J01.10 - Acute frontal sinusitis, unspecified,M79.10 - Myalgia, unspecified site,E86.0 - Dehydration,R05 - Cough,R53.1 - Weakness,R51.9 - Headache, unspecified,

Date of Onset :14/21/2024

Requested Investigations: 9.01, Follow Up Consultation GP,96360, HYDRATION IV INFUSION INIT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE

Estimated Cost :

Prescriptions:

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

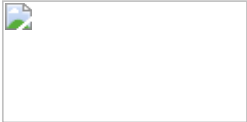
General Practitioner

DHA No: 28040827-001

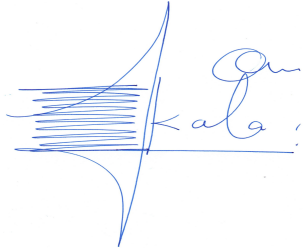
CITICARE MEDICAL CENTER LLC

DUBAI - U.A.E.

Patient 's signature{Parent : if minor}



14-Dec-2024

Signature :

Date : 14-Dec-2024