

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : PARTHIV DEWAN DINESH DEWAN
Card No : I022-029-115720168-01
Policy Holder : PARTHIV DEWAN DINESH DEWAN
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 12-09-2024 To 11-09-2025
Gender : Male
Date Of Birth : 17-Feb-1993
Patient's Tel No : 971551709377

Service Date : 14-Dec-2024
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : AHSAN HUSSAIN
Network : Green
Direct Access SP - YES

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

Co-Insurance :

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : pc: numbness in your left arm chest pain on breathing history of hyperlipidemia

Duration:

Vitals: Temp : 36 Bp :122 Pulse :64 Resp :18

Clinical Findings:

Diagnosis: R07.9 - Chest pain, unspecified,E78.5 - Hyperlipidemia, unspecified,M62.830 - Muscle spasm of back, **Date of Onset:**18/37/2024

Requested Investigations: 80061, LIPID PANEL,93000, ELECTROCARDIOGRAM COMPLETE,9, Consultation GP

Estimated Cost :

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,

Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

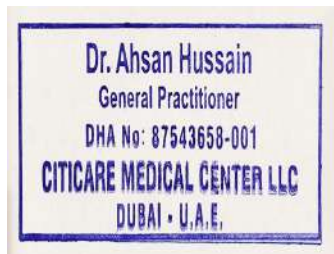
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

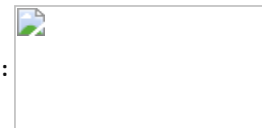
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : AHSAN HUSSAIN

Stamp :



Patient 's signature{Parent : if minor}



Date : Dec-2024

Signature :

Date : 18-Dec-2024