

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

VISHAL KUMAR CHAUDHARY

Card No

I011-029-119736610-02

Policy Holder

VISHAL KUMAR CHAUDHARY

Payer Name

AL SAGR NATIONAL INSURANCE COMPANY

TPA

E CARE - Blue Network

Validity

19-06-2024 To 18-06-2025

Gender

Male

Date Of Birth

06-Aug-1993

Patient's Tel No

0523004789

Service Date

:17-Dec-2024

Health Provider

CITICARE MEDICAL CENTER LLC

Doctor's Name

:Humaira

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 :

Duration :

Vitals:Temp : 36.8 Bp :130 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J20.9 - Acute bronchitis, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding,R50.9 - Fever, unspecified,

Date of Onset

:17/29/2024

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9.01, Follow Up Consultation GP

Estimated : Cost

Prescriptions: 0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE,0097-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR SOLUTION,

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.

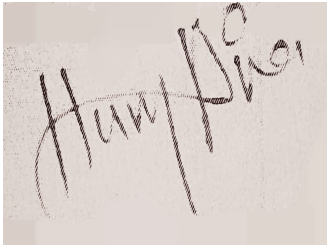
Dr's Name

: Humaira

Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :



Date

: 17-Dec-2024

Patient 's signature{Parent : if minor}



Date

: Dec-2024

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