Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ISLAM HAFSI**	**Service Date**	**:23-Dec-2024**
Card No	**: I022-029-120338346-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: ISLAM HAFSI**	**Doctor's Name**	**:SANDIA**
Payer Name	**: TAKAFUL EMARAT**		
TPA	**: E CARE - Blue Network**		
Validity	**: 17-01-2024 To 16-01-2025**		
Gender	**: Female**		
Date Of Birth	**: 07-Oct-1988**		
Patient's Tel No	**: 0521706901**		

Network : Green

Direct Access SP - YES

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 : pt looks dehydrated, pt comes with tiredness, throat pain, runny nose since 2 days. cough stared this morning. cough is productive. no fever but complains of fatigue and looks lethargic on exam throat looks inflammed and chest congestion. **Duration:**

Vitals: Temp : 36.4 Bp :110 Pulse :64 Resp :18

Clinical Findings:

Diagnosis: R07.0 - Pain in throat,R05 - Cough,J30.9 - Allergic rhinitis, unspecified,R53.83 - Other fatigue,E86.0 - Dehydration, **Date of Onset** :23/42/2024

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,9, Consultation GP **Estimated Cost** :

Prescriptions: 7864-040901-1161 - (ACEROLA : 0.4 %/150ML) (SISYMBRIUM OFFICINALE : 0.2 %/150ML) (THYMUS VULGARIS EXTRACT : 0.4 %/150ML) (MALVA SYLVESTRIS : 0.2 %/150ML) (EUCALYPTUS OIL : 0.1 %/150ML) (PROPOLIS EXTRACT : 0.4 %/150ML) (ACACIA HONEY : 5 %/150ML) SYRUP,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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.

Dr's Name : SANDIA

Stamp :

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 23-Dec-2024

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.

Patient 's signature{Parent if minor} :

Date : 23-Dec-2024