Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **AZHAR MEHMOOD KHAN MUHAMMAD SAFDAR KHAN**	**Service Date**	**:29-Dec-2024**	**Network**	: Green
Card No	: **I011-029-118340965-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **AZHAR MEHMOOD KHAN MUHAMMAD SAFDAR KHAN**	**Doctor's Name**	**:Humaira**		
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Remarks**	:		
TPA	: **E CARE - Blue Network**				
Validity	: **20-02-2024** To **19-02-2025**				
Gender	: **Male**				
Date Of Birth	: **21-Dec-1987**				
Patient's Tel No	: **052156347**				

Co-Insurance :

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 : co shoulder pain started when he was playing 15th dec. 2024 oe chest is congested no added sounds restless h/f diabetes taking tablet **Duration:**

Vitals: Temp : 37.1 Bp :160 Pulse :94 Resp :18

Clinical Findings:

Diagnosis: M62.838 - Other muscle spasm,R52 - Pain, unspecified,E11.9 - Type 2 diabetes mellitus without complications,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, **Date of Onset** :29/00/2024

Requested Investigations: 80061, LIPID PANEL,80069, RENAL FUNCTION PANEL,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,83036, HEMOGLOBIN GLYCOSYLATED A1C,9, Consultation GP **Estimated Cost** :

Prescriptions: 3819-373201-0391 - (TOLPERISONE HCL : 150 MG FILM COATED TABLETS,2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0135-223402-1171 - (NAPROXEN : 250 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.

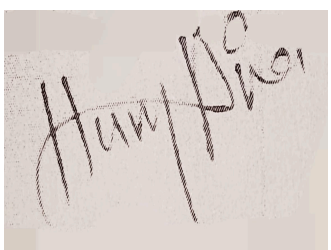
PATIENT'S DECLARATION :

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.

Patient 's signature{Parent : if minor} **Date :** 29-Dec-2024

Signature :  **Date** : 29-Dec-2024