Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: VALLARI VIJAY POHARKAR	**Service Date**	:01-Jan-2025
Card No	: I022-029-121894114-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: VALLARI VIJAY POHARKAR	**Doctor's Name**	:Humaira
Payer Name	: TAKAFUL EMARAT	**Co-Insurance**	:
TPA	: E CARE - Blue Network		
Validity	: 25-12-2024 To 24-12-2025	**Remarks**	:
Gender	: Female		
Date Of Birth	: 03-Jan-1996		
Patient's Tel No	: +919112222334		

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 : flanK PAIN, fever, increased urinary frequency , burning micturation , 7 days **Duration:**
hx of multiple small b/l renal stones taking meds no other med condition

Vitals: Temp : 36.7 Bp :114 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: N10 - Acute pyelonephritis,Z87.440 - Personal history of urinary (tract) infections,R50.9 - Fever, unspecified, **Date of Onset** :01/10/2025

Estimated Cost :

Requested Investigations: 9.01, Follow Up Consultation GP

Prescriptions: 0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,6782-954501-0061 - (BACILLUS COAGULANS : 60 MG) (BIFIDOBACTERIUM ANIMALIS LACTIS : 12 MG) (BIFIDOBACTERIUM LONGUM : 6 MG) (LACTOBACILLUS ACIDOPHILUS : 6 MG) (LACTOBACILLUS CRISPATUS : 24 MG) (LACTOBACILLUS FERMENTUM : 1.2 MG) (LACTOBACILLUS RHAMNOSUS : 22.8 MG) (CHICORY INULIN : 27.8 MG) (CRANBERRY EXTRACT : 100 MG) CAPSULES,1947-548101-0081 - (CRANBERRY EXTRACT : 120 MG) CHEWABLE TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS,0207-368802-0391 - (CEFPODOXIME (AS PROXETIL : 200 MG FILM COATED TABLETS,

Estimated Cost :

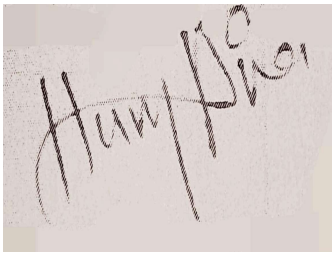
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name : Humaira

Stamp :

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

Signature : 

Date : 01-Jan-2025

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 : 01-Jan-2025