Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SONAM MANISHKUMAR VAZA**	**Service Date**	:**02-Jan-2025**
Card No	: **I022-029-120724591-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **SONAM MANISHKUMAR VAZA**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **29-04-2024** To **28-04-2025**		
Gender	: **Female**		
Date Of Birth	: **28-Nov-1987**		
Patient's Tel No	: **0522082823**		

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 : PC: Pain in throat, cough, and pain on the right ear. Duration: 4days. also has **Duration:** low grade fever.

Vitals: Temp : 37.2 Bp :160 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J01.90 - Acute sinusitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, **Date of Onset** :02/07/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,9, Consultation GP **Estimated Cost** :

Prescriptions: 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),2027-560101-0392 - (IBUPROFEN : 150 MG (PARACETAMOL : 500 MG FILM COATED TABLETS,0252-389902-1171 - (LORATADINE : 5 MG) (PSEUDOEPHEDRINE SULPHATE : 120 MG) TABLETS,0005-119805-1172 - (PREDNISOLONE : 5 MG TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

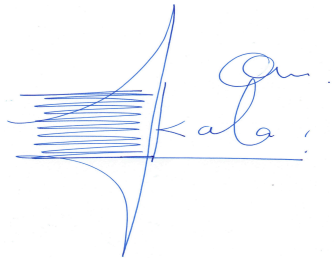
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :



Date : 02-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 : 02-Jan-2025