

## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

Patient Name : MUHAMMAD IRFAN  
 : MUHAMMAD ZAMEER  
 Card No : I022-029-119647410-01  
 Policy Holder : MUHAMMAD IRFAN  
 : MUHAMMAD ZAMEER

Service Date:05-Jan-2025

Network

: Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :Humaira

Payer Name : TAKAFUL EMARAT

Co-Insurance

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY  | IP  | MATERNITY | DENTAL |
|--------------|---------------|--------|-----------|-----|-----------|--------|
| 10% max      | NIL           | NIL    | NIL LIMIT | NIL | 10%       | NA     |

TPA : E CARE - Blue Network

Validity : 19-09-2024 To 18-09-2025

Remarks :

Gender : Male

Date Of Birth : 02-Jul-1988

Patient's Tel No : 0558209860

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : pc : persistant elevated bp for 1 year not taking any meds ,,, came for the Duration:  
 meds hx of hyperlipidemia , no labs shown no other med condions

Vitals:Temp : 36 Bp :142 Pulse :95 Resp :18

## Clinical Findings:

Diagnosis: R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,E78.5 - Hyperlipidemia, unspecified, Date of Onset :14/55/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 2150-575201-1171 - (CALCIUM : 400 MG (VITAMIN D3 : 200 IU (MAGNESIUM : 100 MG Estimated :  
 (ZINC : 4 MG TABLETS,0880-155601-0391 - (ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED Cost  
 TABLETS,0769-101802-1171 - (CAPTOPRIL : 25 MG) TABLETS,

## 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 :

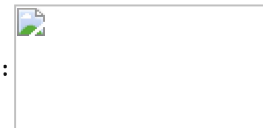
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Humaira

Stamp :



Patient's signature{Parent : if minor}



14-  
Date : Jan-  
2025

Signature :

Date : 14-Jan-2025