



Appointment

Visit ID **56875**

10-Jan-2025

Humaira - General - DHA-P-54155530

MRN Activities(Log)

Insurance Cards

EMID Card

Start Time	Nurse Station	Doctor Evaluation	Orthopedic Case Assessment ▼		Diagnosis
Treatments/Procedures ▼		Packages	Prescription	Reimbursement Forms ▼	Documents
Progress Notes	Addendum	NEXTCARE FORM	NEXTCARE CLAIM FORM		NEXTCARE DENTAL FORM
Other Forms	Sick Leave	End Time	Visit Summary Sheet	Nabidh Clinical Docs	Audit Log
Radiology	Laboratory	Health Declaration	Signed Documents	Image Comparison	

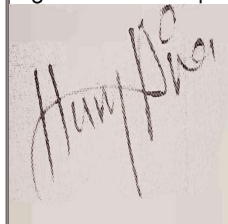
☐ Pharmacy	Estimated Cost	☐ Laboratory/Radiology	Estimated Cost
(CEFIXIME : 400 MG) CAPSULES - A			

Is the following Required? ☐ Surgery ☐ Endoscopy ☐		For NEXt CARE Use c	
Physiotheraphy ☐ Other Procedures		As per the terms of agreement and related	
		Approved ☐ Approved Not Elig	
		Ded : _____Dhs. No. of Days: _____	
		Copar : _____%	
		NEXt CARE Claims Department dd	
		Note: Approval valid only for 7 days at	
Is In-patient Required ? Length of Stay		Indicate Provider	

*** Discharge Summary, Itemized Invoices, Reports & Receipts Attached?**Treating Physician Name : **Humaira**

Tel/Fax :

Signature & Stamp :



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

I hereby authorize any Healthcare Provider, Insurance Organization to release any information regarding condition & history to NEXtCARE for the purpose of insurance benefits. Medical management is the doctor and the patient

**Patient's Signature(Parent if minor)**

Date

 Patient Signature

Save

 Print**Previous History**

Date	Doctor	Previous Form
No Previous Complaints Found		