

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

MHD IYAD IBRAHIM BARGHALI

Card No

I011-029-121055332-01

Policy Holder

MHD IYAD IBRAHIM BARGHALI

Payer Name

AL SAGR NATIONAL INSURANCE COMPANY

TPA

E CARE - Blue Network

Validity

20-01-2024 To 19-01-2025

Gender

Male

Date Of Birth

27-May-1997

Patient's Tel No

0581991636

Service Date

12-Jan-2025

Health Provider

CITICARE MEDICAL CENTER LLC

Doctor's Name

SANDIA

Co-Insurance

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

Network

Green

Direct Access SP

YES

Remarks

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

pc : throbbing headache , photo sensitivity, high bp , anxious not able to sleep , 1 day known htn since 2015 on beta blocker since then bp was 160/90 ,he took beta blocker for that but bp was not controlled known hyperlipidemia not taking meds family hx of migrain , htn and hyperlipidemia(hypercholestrolemia) o/e : restless, anxious , red eyes ,

Duration:

Vitals

Temp : 36.7 Bp :133 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,G43.711 - Chronic migraine w/o aura, intractable, w status migrainosus,

Date of Onset

12/44/2025

Requested Investigations

0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, INJECTION SERVICE-IM,9, Consultation GP

Estimated Cost

Prescriptions

0188-155602-0391 - (ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS,0186-143702-0061 - (CELECOXIB : 100 MG) CAPSULES,4235-627102-1171 - (AMLODIPINE (AS BESYLATE : 10 MG (VALSARTAN : 160 MG TABLETS,5926-229701-1171 - (NEBIVOLOL (AS HCL : 5 MG TABLETS,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR 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.

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

SANDIA

Stamp

Dr. Sandia Bhojwani

General Practitioner

DHA No: 65900212-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature



Date

12-Jan-2025

Patient 's signature{Parent : if minor}



Date

12-Jan-2025