Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Dahiana Arboleda Cardona**
Card No	: **784-2007-8757108-0**
Policy Holder	: **Dahiana Arboleda Cardona**
Payer Name	: **TAKAFUL EMARAT**
TPA	: **E CARE - Blue Network**
Validity	: **29-02-2024** To **27-02-2025**
Gender	: **Female**
Date Of Birth	: **22-Aug-2007**
Patient's Tel No	: **0561790894**

Service Date :**18-Jan-2025** **Network** : Green

Health Provider :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name :**Enomen Goodluck**

Co-Insurance :

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

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : complain of minor pain right ear started today but feeling some sounds since one week.and some time feeling heaviness in right side of face. o/e there is nothing in ear,and while check face with by touch pen on both side touch sensation is same **Duration:**

Vitals: Temp : 36.8 Bp :120 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: H60.519 - Acute actinic otitis externa, unspecified ear,R52 - Pain, unspecified, **Date of Onset** :18/58/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 2593-878201-0221 - (DEXAMETHASONE SODIUM PHOSPHATE : 1 MG/ML (NEOMYCIN SULPHATE : 5 MG/ML DROPS,0031-149904-1171 - (DICLOFENAC SODIUM : 50 MG TABLETS,4884-622202-1171 - (SERRAPEPTASE : 10 MG) TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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.

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 : Enomen Goodluck

Stamp :

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

Patient 's signature{Parent : if minor}

Date : 18-Jan-2025

Signature :

Date : 18-Jan-2025