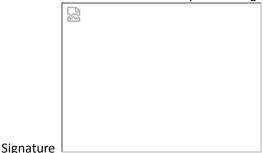
DirectThsclaimformBillingisnotan admissionClaim ofFormliability										
Administrative Secti	on									
Policy number	16/XC/30059/	16/XC/30059/0/7/E/0				Membership number				
Patient name	IBRAHIM ALI H	IBRAHIM ALI HASSAN MOHAMED ALI			Provider name CITICARE MEDICAL CENTER LLC					
Date of treatment	19-Jan-2025	19-Jan-2025				der	Male Female			
Medical Section										
Type of visit Outpatient Inpatient If Emergency Maternity Dental Optical										
If Pregnant: L.M.P. Date Nature of conception O Natural O Assisted										
Chief complaint										
cough,headache,sore throat,body ache since 3 days										
o/e chest congestion,redness in throat.										
he is a known smoker taking 1 pack per day										
History of present illness										
Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms	
No Previous Compla	ints Found									
Clinical findings/other conditions										
Past medical history										
Details of trauma - if applicable (where, when & how) Work Related RTA Related Sports Related										
If yes O Professional O Non-Professional										
Diagnosis										
J02.9 - Acute pharyngitis, unspecified, R05 - Cough, R52 - Pain, unspecified										
Treatment plan, recommended medications, investigations, and/or procedures										
Treatments: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) initial up to,9, GP Consultation										
Prescription:0031-149904-1171 - (DICLOFENAC SODIUM : 50 MG TABLETS,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0320-148701-1171 - (LORATADINE : 10 MG TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,1516-446701-1161 - (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1										

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MG/5 ML (DIPHENHYDRAMINE HCL: 13.5 MG/5ML SYRUP,

Patient declaration

I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that a copy of this consent shall have the validity of the original.



Date:19-Jan-2025

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.

Name



Signature Date:19-Jan-2025

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

Stamp

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

If you have any questions regarding this form or any other aspects of the cover, please contact AXA on UAE +971 (4) 429 4000, Qatar +97 4 412 8733, Bahrain +973 (17) 582 612, KSA +966 (1) 478 0282 quoting the policy and membership numbers. Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to Medical Department, AXA Insurance, PO BOX 32505, Dubai, UAE or AXA Insurance, P.O. Box 45, Kingdom of Bahrain or AXA Insurance PO BOX 21044, 11475 Riyadh, Kingdom of Saudi Arabia or AXA Insurance, PO Box 15319, Doha, State of Qatar.

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