<u> </u>								• •		
AXA						Direct Thsclaim f	formBillingisnotar	admission Claim of Formliability		
Administrative Sect	ion									
Policy number	13/XP/52423/	13/XP/52423/0/53/E/0				Membership number				
Patient name	MAYA SEWWA	MAYA SEWWANDI HETTIARACHCHI			Provider name CITICARE MEDICAL CENTER LLC				R LLC	
Date of treatment	22-Jan-2025	22-Jan-2025			atient Gende	er	O Male O Female			
Medical Section										
Type of visit Out	tpatient 🗆 Inpatie	nt If 🗆 Eme	ergency 🗆	Maternity	☐ Dental	Optical	l			
If Pregnant: L.M.P. I Chief complaint pc: sore throat, bo										
chronic frontal sinus	sitis									
no drug allergy										
o/e pharyngitis , ph	arynx hyperemia									
chest clear										
History of present i	llness									
Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms	
No Previous Compl	aints Found						1	ı		
Clinical findings/other conditions										
Past medical history										
Details of trauma -	if applicable (where	e, when & h	ow) 🗆 w	ork Related	RTA Rela	ated S	ports Relat	ed		
If yes O Profession			·			·				
Diagnosis										
=	ngitis, unspecified, F	R50.9 - Feve	r, unspecifi	ied, J01.91 -	Acute recur	rent sinus	itis, unspec	ified, J45.991 - Coug	h variant	
Treatment plan, red	commended medica	ations, inves	tigations,	and/or pro	cedures					
CEFTRIAXONE-TABU COMPLETE BLOOD (Prescription:1045-5 MG) CAPLET-TABLET	IK IV,96365, İntravei COUNT (CBC) BLOOI 29702-3381 - (ASC 1,2150-575201-1171	nous infusio D,86140, C-F DRBIC ACID L - (CALCIUM	n for thera REACTIVE F (VITAMIN 0 1 : 400 MG	py prophyla PROTEIN (CF C) : 1000 M) (VITAMIN	axis or diagno RP),9, GP Cor G) (CALCIUM D3 : 200 IU)	osis (speci nsultation I : 110MG (MAGNES	fy substand) (CITRUS B SIUM : 100 I	N,0195-107704-0801 e or drug) initial up t IOFLAVONOIDS COM MG) (ZINC : 4 MG) TA	PLEX : 200 BLETS,1217-	
4.5 MCG SUSPENSIC (LEVOMENTHOL : 7	ON FOR INHALATION MG) (EMBLICA OFF	i,0219-3954 ICINALIS : 10	.04-1171 - 0 MG) (GLY	(MONTELUI CYRRHIZA (KAST (AS SOI GLABRA : 15	DIUM : 10 MG) (ZING	MG TABLE) MCG (FORMOTERO TS,2713-644001-058 CINALE : 10 MG) LOZ PARACETAMOL : 500	1 - ENGES,0009-	
Patient declaration					Medical practitioner 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

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

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.





Signature

Date:22-Jan-2025



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.

Date:22-Jan-2025

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, PO. 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.