Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Waqas Babar Mushtaq Ali**	**Service Date**	:**23-Jan-2025**
Card No	: **I011-029-120429755-02**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **Waqas Babar Mushtaq Ali**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **01-05-2024** To **30-04-2025**		
Gender	: **Female**		
Date Of Birth	: **01-Mar-2003**		
Patient's Tel No	: **0527420167**		

Network : Green

Direct Access SP - YES

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

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

Chief Complaints : pc : skin abrasions ,pain ,swelling of thigh after injury bp is elevated no other medical conditions o/e : abrasions and superficial laceration of skin at left leg and thigh slight swelling of thigh laceration of skin on both elbows **Duration:**

Vitals: Temp : 36.8 Bp :150 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: R21 - Rash and other nonspecific skin eruption,R50.9 - Fever, unspecified, **Date of Onset** :23/59/2025

Requested Investigations: 51.01, Non-surgical cleansing with surgical dressing 16 sq inches / 100 sq centimeters or less,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP,INJ017, INJ-TETANUS TOXOID **Estimated Cost** :

Prescriptions: **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 : DR Amaizah

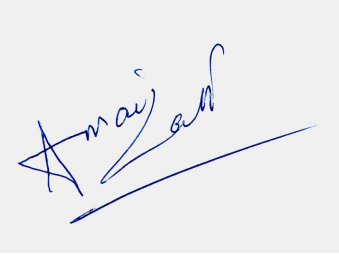
Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Date : 23-Jan-2025

Signature :



Date : 23-Jan-2025