Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **AMAL ROSHAN KONNOLA MUSTHAFA KONNOLA**	**Service Date**	**:26-Jan-2025**	**Network**	: Green
Card No	: **I020-029-119882647-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**	**Direct Access SP - YES**	
Policy Holder	: **AMAL ROSHAN KONNOLA MUSTHAFA KONNOLA**	**Doctor's Name**	**:Humaira**		
Payer Name	: **AL-BUHAIRA NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**	**Remarks**	:		
Validity	: **07-07-2024** To **06-07-2025**				
Gender	: **Male**				
Date Of Birth	: **28-Jun-1996**				
Patient's Tel No	: **0568261011**				

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 : co constipation pain inthe penil region 20th jan. 2025 oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 37 Bp :138 Pulse :74 Resp :18

Clinical Findings:

Diagnosis: N48.9 - Disorder of penis, unspecified,K56.41 - Fecal impaction,R52 - Pain, unspecified,R50.9 - Fever, unspecified, **Date of Onset** :26/22/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,9, Consultation GP **Estimated Cost** :

Prescriptions: 0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,1291-170801-1161 - (LACTULOSE : 66.7% SYRUP, **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.

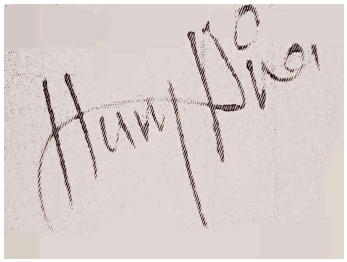
PATIENT'S DECLARATION :

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 : Humaira **Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} : **Date :** 26-Jan-2025

Signature :  **Date** : 26-Jan-2025