Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: CHARLENE RAMSAMY**
Card No	**: I005-029-118918862-01**
Policy Holder	**: CHARLENE RAMSAMY**
Payer Name	**: DUBAI INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 16-10-2024** To **15-10-2025**
Gender	**: Female**
Date Of Birth	**: 30-Jul-1980**
Patient's Tel No	**: 0557230485**

Service Date :**29-Jan-2025** **Network** : Green

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

Doctor's Name :**DR Amaizah**

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 : pc : tingling sensation , and diziness , body weakness for few days lihht headed, sweeting , cold today so came here for eveluation no other ned conditions family hx of diabetes and ashma **Duration:**

Vitals: Temp : 36.6 Bp :136 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: R10.13 - Epigastric pain,R42 - Dizziness and giddiness,R11.0 - Nausea, **Date of Onset** :29/42/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,80061, LIPID PANEL,84443, THYROID STIMULATING HORMONE TSH,96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP,9, Consultation GP **Estimated Cost** :

Prescriptions: 5254-830602-2401 - (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR 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 : DR Amaizah

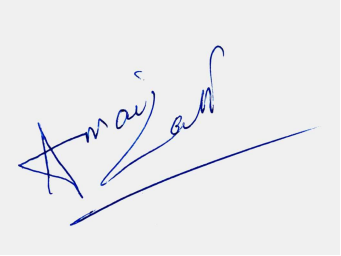
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 29-Jan-2025

Signature :



Date : 29-Jan-2025