Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ZABIR MOHAMMAD SHAIKH YAR MOHAMMAD SHAIKH**	**Service Date**	**:30-Jan-2025**	**Network**	: Green
Card No	: **I040-029-113383978-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **ZABIR MOHAMMAD SHAIKH YAR MOHAMMAD SHAIKH**	**Doctor's Name**	**:DR Amaizah**		
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **ECARE-EBP EBP Enhanced CLASSIC_H**	**Remarks**	:		
Validity	: **13-01-2025** To **12-01-2026**				
Gender	: **Male**				
Date Of Birth	: **10-Mar-1969**				
Patient's Tel No	: **971556102843**				

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 : persistant cough, more while talking , hx of tobaco and tulsi chewing o/e **Duration:**
pallor and fibrosis of oral mucosa

Vitals: Temp : 36.6 Bp :130 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J45.991 - Cough variant asthma,R50.9 - Fever, unspecified, **Date of Onset :**30/29/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0248-122107-1021, (DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM

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.

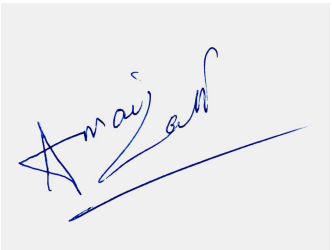
Dr's Name : DR Amaizah **Stamp :**

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

Patient 's signature{Parent if minor} :

Date : 30-Jan-2025

Signature :



Date : 30-Jan-2025