Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: MUHAMMAD ZAHEER BASHIR AHMAD**
Card No	**: I011-029-120523178-02**
Policy Holder	**: MUHAMMAD ZAHEER BASHIR AHMAD**
Payer Name	**: AL SAGR NATIONAL INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 01-05-2024** To **30-04-2025**
Gender	**: Male**
Date Of Birth	**: 26-Sep-1995**
Patient's Tel No	**: 971552644892**

Service Date:30-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 : dizziness , body pain . weakness in muscle for 4 days family hx HTN o/e bp elevated **Duration:**

Vitals: Temp : 36.4 Bp :130 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,R11.0 - Nausea,R42 - Dizziness and giddiness, **Date of Onset** :30/48/2025

Requested Investigations: 80061, LIPID PANEL,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE 10 MG/2ML) SOLUTION FOR INJECTION,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82962, GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE,96372, THER/PROPH/DIAG INJ SC/IM,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,0031-168201-0391 - (DOMPERIDONE : 10 MG FILM 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.

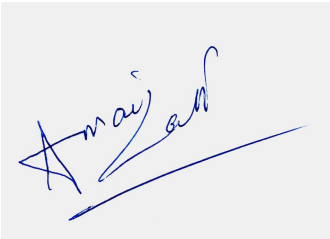
PATIENT'S DECLARATION :

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** : 30-Jan-2025

Signature :  **Date** : 30-Jan-2025