Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD ZAHEER BASHIR AHMAD**	**Service Date**	:**01-Feb-2025** **Network** : Green
Card No	: **I011-029-120523178-02**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MUHAMMAD ZAHEER BASHIR AHMAD**	**Doctor's Name**	:**SANDIA**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **01-05-2024** To **30-04-2025**		
Gender	: **Male**		
Date Of Birth	: **26-Sep-1995**		
Patient's Tel No	: **565816252**		

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 : pt c elevated bp tingling sensation in hands and weakness and dizziness and heavy head pt came to the clinc 2 days ago with same complain family history of HTN **Duration:**

Vitals:

Clinical Findings:

Diagnosis: R42 - Dizziness and giddiness,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,E78.5 - Hyperlipidemia, unspecified,R51.9 - Headache, unspecified,E08.65 - Diabetes due to underlying condition w hyperglycemia,R34 - Anuria and oliguria,M54.5 - Low back pain, **Date of Onset** :01/05/2025

Requested Investigations: 80061, LIPID PANEL,80069, RENAL FUNCTION PANEL,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: 4884-220703-1171 - (TELMISARTAN : 20 MG 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.

Dr's Name : SANDIA **Stamp :**

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature : **Date** : 01-Feb-2025

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.

Patient 's signature{Parent if minor} : **Date :** 01-Feb-2025