Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: HIBA ATIF ATIF JAVED**
Card No	**: I022-029-122100187-01**
Policy Holder	**: HIBA ATIF ATIF JAVED**
Payer Name	**: TAKAFUL EMARAT**
TPA	**: E CARE - Blue Network**
Validity	**: 01-02-2025** To **31-01-2026**
Gender	**: Female**
Date Of Birth	**: 28-Aug-1987**
Patient's Tel No	**: 0589162515**

Service Date **:05-Feb-2025** **Network** **:** Green

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

Doctor's Name **:Humaira**

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 : lmp 22 jan. 2025 para 2 oe lower abdominal and back pain blood in the urine 25th jan. 2025 not pregnant oe chest is clear no added sounds restless **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: N39.0 - Urinary tract infection, site not specified,R10.30 - Lower abdominal pain, unspecified, **Date of Onset :**05/54/2025

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,9, Consultation GP **Estimated Cost :**

Prescriptions: 0005-136501-0392 - (HYOSCINE : 10 MG FILM COATED TABLETS,0097-658501-0252 - (TARTARIC ACID : 0.89G) (SODIUM BICARBONATE : 1.76G) (CRANBERRY EXTRACT : 0.25 G) (TRI SODIUM CITRATE ANHYDROUS : 0.63G) (CITRIC ACID ANHYDROUS : 0.72G) EFFERVESCENT GRANULES,0195-116604-0391 - (METRONIDAZOLE : 500 MG FILM COATED TABLETS,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 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 : Humaira

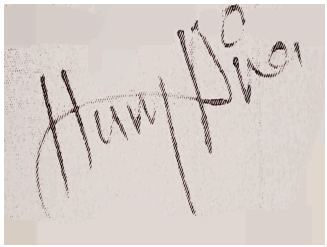
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 05-Feb-2025

Signature :



Date : 05-Feb-2025