Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: HIBA SELMI**	**Service Date**	**:06-Feb-2025**
Card No	**: I040-029-118891426-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: HIBA SELMI**	**Doctor's Name**	**:Humaira**
Payer Name	**: UNION INSURANCE COMPANY**	**Co-Insurance**	
TPA	**: ECARE-EBP EBP Enhanced CLASIC**	**Remarks**	**:**
Validity	**: 13-01-2025** To **12-01-2026**		
Gender	**: Female**		
Date Of Birth	**: 03-Apr-1992**		
Patient's Tel No	**: 0502884129**		

Network : Green

Direct Access SP - YES

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 : co fever HIGH grade bone pain all over the body small and long joint pain could not sleep 1st feb .2025 oe chest is clear no added sounds restless taking manjaro inj **Duration:**

Vitals: Temp : 38 Bp :120 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,M25.50 - Pain in unspecified joint,M25.40 - Effusion, unspecified joint, **Date of Onset :**06/15/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,84550, URIC ACID BLOOD,86430, RHEUMATOID FACTOR QUALITATIVE,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost :**

Prescriptions: 0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG (PARACETAMOL : 500 MG CAPLETS, **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

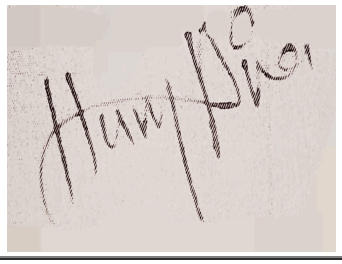
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 06-Feb-2025

Signature :



Date : 06-Feb-2025