Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MAHROSH ZAHID**	**Service Date**	:**07-Feb-2025**
Card No	: **I022-029-120554468-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **MAHROSH ZAHID**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **TAKAFUL EMARAT**		
TPA	: **E CARE - Blue Network**		
Validity	: **08-03-2024** To **07-03-2025**		
Gender	: **Female**		
Date Of Birth	: **12-Jul-2020**		
Patient's Tel No	: **0522500477**		

Network : Green

Direct Access SP - YES

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 : vomit since 15 minutes before,abdominal pain. o/e minor abdominal tenderness. history of eating of meat in dinner. **Duration:**

Vitals: Temp : 37.9 Bp :0 Pulse :108 Resp :26

Clinical Findings:

Diagnosis: R10.9 - Unspecified abdominal pain,R11.10 - Vomiting, unspecified, **Date of Onset** :07/33/2025

Requested Investigations: 85041, BLOOD COUNT RED BLOOD CELL AUTOMATED,0005-136504-1021, SCOPINAL,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 6619-608703-0831 - (SODIUM CHLORIDE : 0.52 G (POTASSIUM CHLORIDE : 0.3 G (SODIUM CITRATE : 0.58 G (GLUCOSE ANHYDROUS : 2.7 G POWDER FOR SOLUTION,0031-168202-1111 - (DOMPERIDONE : 1 MG/ML SUSPENSION,1845-541401-0221 - (COLOCYNTHIS 6D : 2.5 G/100G) (CHAMOMILLA 6D : 2.5 G/100G) (DIOSCOREA VILLOSA 6D : 2.5 G/100G) (MAGNESIA PHOSPHORICA 6D : 2.5 G/100G) DROPS, **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 : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 07-Feb-2025

Signature :

Date : 07-Feb-2025