Administrative

MEDICAL CLAIM FORM

Claim Ref

Patient Name	: **KHALED MIAH**	**Service Date**	:**09-Feb-2025**
Card No	: **I040-029-118643536-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **KHALED MIAH**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2025** To **01-01-2026**		
Gender	: **Male**		
Date Of Birth	: **20-Jan-2000**		
Patient's Tel No	: **0588334511**		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

Network : Green

Direct Access SP

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc : weakness, palpitations , shortness of breath for 1 month itching and skin eruption for 2 weeks family hx of diabetese o/e : look pale fine tremors in both hands **Duration:**

Vitals: Temp : 36.2 Bp :130 Pulse :74 Resp :21

Clinical Findings:

Diagnosis: E03.9 - Hypothyroidism, unspecified,E08.65 - Diabetes due to underlying condition w hyperglycemia,R25.1 - Tremor, unspecified,R21 - Rash and other nonspecific skin eruption, **Date of Onset**

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85007, BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT,84443, THYROID STIMULATING HORMONE TSH,96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,9, Consultation GP **Estimated Cost** :

Prescriptions: **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 Healthca Employer or other organization regarding my medical condition determining insurance benefits.

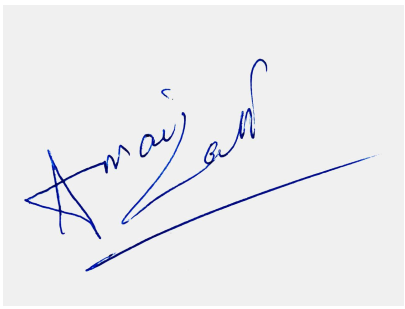
Dr's Name : DR Amaizah

Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Signature :



Date : 09-Feb-2025