

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MOHAMED SALIQ
: CHANELIPARAMBIL ABDUL
KADER

Card No : I022-029-114351406-01

Policy Holder : MOHAMED SALIQ
: CHANELIPARAMBIL ABDUL
KADER

Payer Name : TAKAFUL EMARAT

TPA : E CARE - Blue Network

Validity : 28-03-2025 To 27-03-2026

Gender : Male

Date Of Birth : 23-Jan-1976

Patient's Tel No : 0588878445

Service Date : 01-Apr-2025

Network : Green

Health Provider : CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name : DR Amaizah

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 : KNOWN DIABETIC CAME FOR BLOOD SUGAR LEVELS AND MEDICINE REFIL Duration:

Vitals:Temp : 36.6 Bp :113 Pulse :80 Resp :0

Clinical Findings:

Diagnosis: E08.65 - Diabetes due to underlying condition w hyperglycemia,E78.5 - Hyperlipidemia, unspecified, Date of Onset:01/46/2025

Requested Investigations: 82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,9, Estimated Cost :

Prescriptions: 0027-188601-0391 - (VILDAGLIPTIN : 50 MG (METFORMIN HCL : 1000 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 :

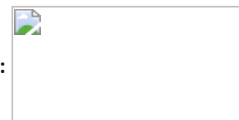
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : DR Amaizah

Stamp :

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

Patient's signature{Parent : if minor}



Date : Apr-2025

Signature :

Date : 01-Apr-2025