Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: ANNA CHAGEEVA	**Service Date**	:04-Apr-2025
Card No	: I005-029-121184863-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: ANNA CHAGEEVA	**Doctor's Name**	:DR Amaizah
Payer Name	: DUBAI INSURANCE COMPANY	**Co-Insurance:**	
TPA	: ECARE-EBP EBP Enhanced CLASSIC_H	**Remarks**	:
Validity	: 28-05-2024 To 27-05-2025		
Gender	: Female		
Date Of Birth	: 15-Jul-1990		
Patient's Tel No	: 971566663058		

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 : PC : SORE THROAT , BODYPAIN , NASAL BLOCKAGE , FEVER STARTED 03/04/25 O/E :LOOK LETHARGIC AND DEHYDRATED HYPEREMIC PHARYNX CHEST CONGESTED **Duration:**

Vitals: Temp : 37.3 Bp :100 Pulse :78 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,R06.2 - Wheezing, **Date of Onset** :04/47/2025

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0006-402803-2071, VENTOLIN NEBULES,0439-152905-1001, LACTATED RINGERS INJECTION USP,96374, THER/PROPH/DIAG INJ IV PUSH,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

Prescriptions: 0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,0195-123701-0391 - (CETIRIZINE HCL : 10 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 : 04-Apr-2025

Signature :

Date : 04-Apr-2025