Administrative

MEDICAL CLAIM FORM

Service Date:07-Apr-2025

: Green

ZEESHAN UMAR **Patient** Name

MUHAMMAD SALEEM

Health Provider Doctor's

: 1005-029-122019489-01 **ZEESHAN UMAR MUHAMMAD SALEEM**

Payer Name : COMPANY **DUBAI INSURANCE**

TPA : E CARE - Blue Network

: **09-01-2025** To **14-10-2025** Validity

: Male Gender

Date Of : 17-Jan-1996 Birth

Card No

Policy

Holder

Claim Ref:

Direct Access SP - YES

Network

:CITICARE MEDICAL CENTER LLC

:AISHA

Insurance

Name

Remarks

Co-

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Dirtii						
Patient's Tel No : 971	.508601975					
Acute	Pre-existing and chronic		☐ Mater	nity		
oe swelling is 3 cm	patientcame with sever pain and swell pain on touch, filled vesicle around th rst visit . it is advice to continue same p	ne hair follicle of chest patient didni				
Vitals:Temp: 37.3	Bp :150 Pulse :76 Resp :28	·				
Clinical Findings:						
Diagnosis: L03.90	- Cellulitis, unspecified,R52 - Pain, unsp	ecified,R21 - Rash and other nonsp	ecific skin eruption,	Date of Onset:07/	/37/2025	
,0125-122107-102	gations: 0195-107704-0801, CEFTRIAXC 2, DEXAMETHASONE SODIUM PHOSPH ECTION,96372, THER/PROPH/DIAG INJ	IATE-(DEXAMETHASONE : 4 MG/MI	_) Cost	:		
533801-1561 - (ESC 116207-1171 - (CL/	1-187502-0151 - (BETAMETHASONE : 0 OMEPRAZOLE (AS MAGNESIUM) : 20 M AVULANIC ACID : 125 MG) (AMOXICILLI IUM : 25 MG) TABLETS,	IG) DELAYED RELEASE CAPSULES,01	.39- Cost	:		
MEDICAL PRACTIT	TIONER DECLARATION :	PATIENT'S DECLARATION :				
	the patient's medical practitioner and owledge true and correct.	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 : AISHA	Stamp :	Dr. Aisha Umer Physician- General Practitioner DHA- 40131439-002	Patient 's signature{Parent : if minor}		07- Date : Apr- 2025	

CITICARE MEDICAL CENTER DUBAI - U.A.E

Signature:

Date : 07-Apr-2025