## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **MOHAMED ENAYATULLAH KHAN** | **Service Date** | :**08-Apr-2025** |
| **Card No** | : **I040-029-117305023-01** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** |
| **Policy Holder** | : **MOHAMED ENAYATULLAH KHAN** | **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** | : **29-Nov-1978** | | |
| **Patient's Tel No** | : **0563014230** | | |

**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 THRAOT , BODYPAIN , FEVER WHICH IS HIGH GRADE SNEEZING , COUGH WITH SPUTUM O/E : HYPEREMIC PHARYNX TONSILLS ARE SWOLLEN CHEST CONGESTED **Duration:**

**Vitals:**Temp : 38.8 Bp :134 Pulse :98 Resp :18

**Clinical Findings:**

**Diagnosis:** J03.90 - Acute tonsillitis, unspecified,R05 - Cough,R50.9 - Fever, unspecified,J30.9 - Allergic rhinitis, unspecified, **Date of Onset** :08/25/2025

**Requested Investigations:** 2190-106618-1001, PARAFUSIV,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96360, HYDRATION IV INFUSION INIT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

**Prescriptions:** 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,0005-107101-0051 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) CAPLETS, **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

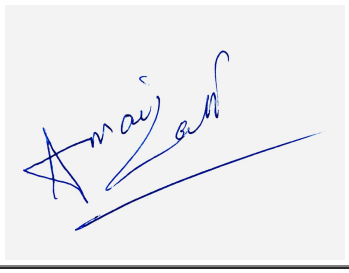
**Stamp :**

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

**Patient 's signature{Parent if minor}** :

**Date** : 08-Apr-2025

**Signature :**



**Date** : 08-Apr-2025