

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SYEDA FIRDOS FATIMA SYED
Card No : 784-1999-5264201-7
Policy Holder : SYEDA FIRDOS FATIMA SYED
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Green Network
Validity : 31-12-2024 To 30-12-2025
Gender : Female
Date Of Birth : 30-Jun-1999
Patient's Tel No : 0542998191

Service Date : 11-Apr-2025
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : DR Amaizah

Network : Green
Direct Access SP - YES

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

Co-Insurance :

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : pc : dihareia , vomittig, and bod pain . fever after eating from outside hx of anxiety

Vitals:Temp : 37.1 Bp :107 Pulse :97 Resp :0

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R11.2 - Nausea with vomiting, unspecified,E86.0 - Dehydration,

Date of Onset : 11/48/2025

Requested Investigations: 0384-207801-1002, LACTATED RINGERS & DEXTROSE USP (CALCIUM CHLORIDE : N/A) (DEXTROSE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION SOLUTION FOR INFUSION (500ML, BOTTLE),96360, HYDRATION IV INFUSION INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-174202-0781, RISEK 40MG,93000, Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH

Estimated Cost :

Prescriptions:

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 :

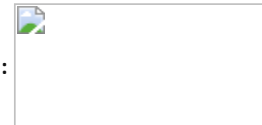
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : DR Amaizah

Stamp :

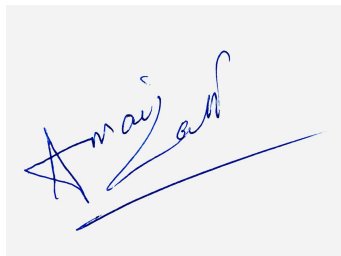
Dr. Amaizah Ishtiaq
 General Practitioner
 DHA: 98486553-001
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E

Patient 's signature{Parent : if minor}



Date : 11-Apr-2025

Signature :



Date : 11-Apr-2025