

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : HANI DIAB ISMAIL  
HAMMAD

Card No : I011-029-120604809-01

Policy Holder : HANI DIAB ISMAIL  
HAMMAD

Payer Name : AL SAGR NATIONAL  
INSURANCE COMPANY

TPA : E CARE - Green Network

Validity : 17-08-2024 To 16-08-2025

Gender : Male

Date Of Birth : 28-Nov-1978

Patient's Tel No : 0558244454

Service Date :15-Apr-2025

Health Provider :CITICARE MEDICAL CENTER LLC

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 :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : pc : lethargy , low energy , bodypain , muscle sorenes all strated week ago  
bp is elevated

Duration:

Vitals:Temp : 37.4 Bp :140 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: R53.1 - Weakness,R52 - Pain, unspecified,

Date of Onset : 15/47/2025

Requested Investigations: 2, BASIC WELLNESS PANEL,9, Consultation GP

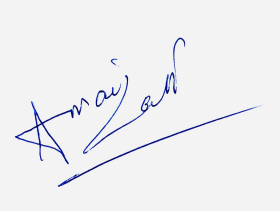
Estimated Cost :

Prescriptions:

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.

Dr's Name : DR Amaizah

Signature :

Stamp :

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

Patient ‘signature{Parent : if minor}



Date : Apr-2025

https://irhamc.visionsoftwares.ae/mr\_ecare\_claim\_print.aspx?appld=61323&patId=57533

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