

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DAVID JAMES
Card No : I035-029-122127153-01
Policy Holder : DAVID JAMES
Payer Name : SALAMA – Islamic Arab Insurance Company
TPA : E CARE - Blue Network
Validity : 03-08-2024 To 02-08-2025
Gender : Male
Date Of Birth : 27-May-1993
Patient's Tel No : 447508039690

Service Date:18-Apr-2025**Network**

: Green

Health Provider :CITICARE MEDICAL CENTER LLC**Direct Access SP - YES**
Doctor's Name : AISHA

Co-Insurance :

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

Remarks :
☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : PATIENT CAME WITH DRY COUGH FOR TWO WEEKS ITS DRY COUGH PATIENT DURATION: HAVING FEELING OF CHEST COMPRESSION AND CHOKIB OE CHEST IS CONGESTED WHEEZING MAINLY RIGHT SIDE ON THE BASIS OF ACUTE SYMPTOMS LIKE SHORTNESS OF BREATHEST CHEST COMPRESSION ,HE HAS ACUTE ASTHMA HE HAS ALSO PAST HISTORY OF SAME ISSUE

Vitals:**Clinical Findings:**
Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J45.991 - Cough variant asthma,R06.2 - Wheezing,R52 - Pain, unspecified,

Date of Onset :18/44/2025

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION **Estimated :** FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,9.01, Follow Up Consultation GP,96365, **Cost** THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV

Estimated Cost :
Prescriptions:**MEDICAL PRACTITIONER DECLARATION :**

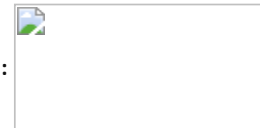
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : AISHA
Stamp :

Dr. Aisha Umer
 Physician- General Practitioner
 DHA- 40131439-002
 CITICARE MEDICAL CENTER
 DUBAI - U.A.E

Patient 's signature{Parent : if minor}

18-Date : Apr-2025
Signature :
Date : 18-Apr-2025