Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ZORAIDA CARDONA CARDONA**	**Service Date**	:**18-Apr-2025** **Network** : Green
Card No	: **784-1990-8524381-6**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **ZORAIDA CARDONA CARDONA**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **28-02-2025** To **27-02-2026**		
Gender	: **Female**		
Date Of Birth	: **19-May-1990**		
Patient's Tel No	: **0561790894**		

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 : history of anal bleeding 2 days back and now she have anal pain no itching but always there is pain sensation low back pain started from yesterday. o/e there is pain in right umbilical region and right side of abdomen pain and tenderness 18/04/25 today she is better no anal bleeding,pain,swelling. a minor pain in right side of abdomen in investigation there is high level of CRP.so today i will give her IV short. **Duration:**

Vitals: Temp : 37 Bp :110 Pulse :80 Resp :18

Clinical Findings:

Diagnosis: K64.9 - Unspecified hemorrhoids,R10.9 - Unspecified abdominal pain,R52 - Pain, unspecified, **Date of Onset :**18/05/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,9.01, Follow Up Consultation GP,96360, HYDRATION IV INFUSION INIT **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.

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.Farhan Iyas

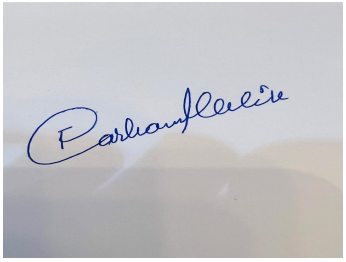
Stamp :

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Patient 's signature{Parent if minor} :

Date : 18-Apr-2025

Signature :



Date : 18-Apr-2025