Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ANAM HOSSAIN ABDUL QUDDUS**	**Service Date**	:**22-Apr-2025**
Card No	: **I040-029-113718537-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **ANAM HOSSAIN ABDUL QUDDUS**	**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	: **25-May-1988**		
Patient's Tel No	: **0553108331**		

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 : **Duration :**

Vitals: Temp : 36.3 Bp :140 Pulse :70 Resp :20

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R09.81 - Nasal congestion,R06.2 - Wheezing,

Date of Onset :22/13/2025

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,2190-106618-1001, PARAFUSIV,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP

Estimated Cost :

Prescriptions: 0993-649501-3592 - (MOMETASONE FUROATE (AS MONOHYDRATE) : 50 MCG/DOSE) SUSPENSION FOR NASAL SPRAY,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0188-135907-2441 - (BUDESONIDE : 0.25 MG/ML) SUSPENSION FOR NEBULIZATION,

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

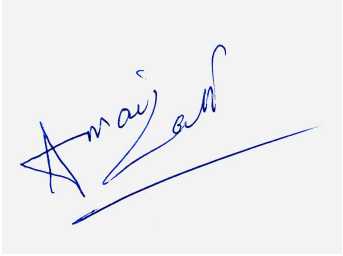
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 22-Apr-2025

Signature :



Date : 22-Apr-2025