

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: MA RUBIETHA SOBERANO ALPES	Service Date	:30-Apr-2025	Network	: Green														
Card No	: I020-029-119436583-03	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP - YES															
Policy Holder	: MA RUBIETHA SOBERANO ALPES	Doctor's Name	:DR Amaizah																
Payer Name	: AL-BUHAIRA NATIONAL INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	: E CARE - Green Network	Remarks	:																
Validity	: 01-02-2025 To 31-01-2026																		
Gender	: Female																		
Date Of Birth	: 01-Jan-1984																		
Patient's Tel No	: 509412509																		

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : pc : sore throat , bodypain , and sneezing and low grade fever , started 28/04/25 o/e : looking lethargic o/e : tonsils are enlarged**Duration:**

Vitals:Temp : 37.4 Bp :170 Pulse :102 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,**Date of Onset :**30/31/2025

Requested Investigations: 94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0802, CEFTRIAZONE-TABUK IM,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV,INJ064, VITAMIN D, INJECTION ,INJ014, INJ-NEUROBION VITAMIN B GROUPS,96372, INJECTION SERVICE-IM,2, BASIC WELLNESS PANEL,9, Consultation GP**Estimated Cost**

Prescriptions:

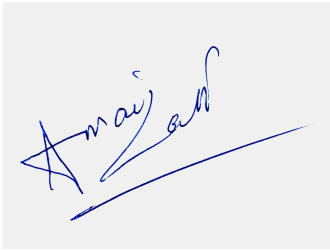
MEDICAL PRACTITIONER DECLARATION :
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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

Signature :

Date : 30-Apr-2025

Patient 's signature{Parent : if minor}

Date : Apr-2025