Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: HIBA ATIF ATIF JAVED**	**Service Date**	**:05-May-2025**
Card No	**: I022-029-122100187-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: HIBA ATIF ATIF JAVED**	**Doctor's Name**	**:Dr.Farhan Iyas**
Payer Name	**: TAKAFUL EMARAT**		
TPA	**: E CARE - Blue Network**	**Co-Insurance**	**:**
Validity	**: 01-02-2025 To 31-01-2026**		
Gender	**: Female**	**Remarks**	**:**
Date Of Birth	**: 28-Aug-1987**		
Patient's Tel No	**: 0589162515**		

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 : sore throat yellow sputum headache low back pain white and yellow discharge from eye vertigo **Duration:**

Vitals: Temp : 36.8 Bp :122 Pulse :90 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,H10.13 - Acute atopic conjunctivitis, bilateral,M54.5 - Low back pain, **Date of Onset** :05/46/2025

Requested Investigations: 0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,86140, C REACTIVE PROTEIN **Estimated Cost** :

Prescriptions: 0097-127402-0391 - (AZITHROMYCIN : 250 MG) FILM COATED TABLETS,0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,0085-239201-0371 - (DEXAMETHASONE : 0.10%) (TOBRAMYCIN : 0.3%) EYE DROPS, **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

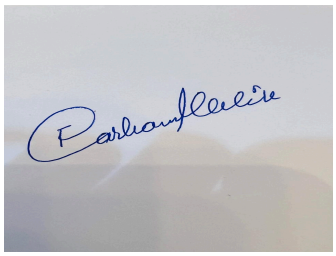
Stamp :

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

Patient 's signature{Parent : if minor}

Date : 05-May-2025

Signature :



Date : 05-May-2025