

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : POLA WAGDY FAHIM

Card No : I011-029-118504990-01

Policy Holder : POLA WAGDY FAHIM

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 04-09-2024 To 03-09-2025

Gender : Male

Date Of Birth : 02-Jul-1997

Patient's Tel No : 0504122610

Service Date :06-May-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :AISHA

Co-Insurance :

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

Remarks :

Network

: Green

Direct Access SP - YES

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : productive cough sore throat weakness sputum coming out high crp 1st dose iv antibiotic given

Duration:

Vitals:Temp : 37 Bp :136 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R06.2 - Wheezing, Date of Onset :06/25/2025

Requested Investigations: 0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,96360, HYDRATION IV INFUSION INIT

Estimated :
Cost

Prescriptions: 2027-719101-0392 - (PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS,0186-143702-0061 - (CELECOXIB : 100 MG) CAPSULES,1393-135904-2441 - (BUDESONIDE : 0.5 MG/2ML) 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.

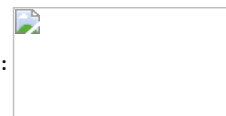
PATIENT'S DECLARATION :

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.

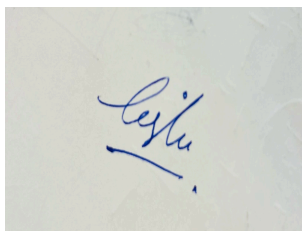
Dr's Name : AISHA

Stamp :

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

Patient 's
signature{Parent :
if minor}06-
Date : May-
2025

Signature :



Date : 06-May-2025