

Administrative

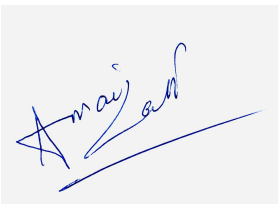
MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ALI ISMAIL ABBODD Service Date :09-May-2025 Network : Green
Card No : I022-029-120838063-01 Health :CITICARE MEDICAL CENTER LLC Direct Access SP - YES
Policy Holder : ALI ISMAIL ABBODD Provider :
Payer Name : TAKAFUL EMARAT Doctor's Name :DR Amaizah
TPA : E CARE - Green Co-Insurance :

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

Validity : 13-05-2024 To 13-05-2025 Remarks :
Gender : Male
Date Of Birth : 15-Jan-1989
Patient's Tel No : 0506011301

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
Chief Complaints : Opc : severe pain in left side of chest in rib cage , which is 08 on pain scale Duration: associated with swelling ,and discomfort not able to sit properly pain while beding all happened after fall on ground 07/05/25 took panadol only not improved o/e : rib acge asemtry swelling bruise on left leg		
Vitals: Temp : 36.6 Bp :126 Pulse :86 Resp :18		
Clinical Findings:		
Diagnosis: R07.82 - Intercostal pain,G89.11 - Acute pain due to trauma,R42 - Dizziness and giddiness, Date of Onset : 09/29/2025		
Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) Estimated : SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,2190-106618- Cost 1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,INJ064, VITAMIN D, INJECTION ,INJ014, INJ-NEUROBION VITAMIN B GROUPS,96372, INJECTION SERVICE-IM,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP		
Prescriptions: 0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS, 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 : 09-May-2025
Signature : 	Date : 09-May-2025	