

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : DAVID JAMES
 Card No : I035-029-122127153-01
 Policy Holder : DAVID JAMES
 Payer Name : SALAMA – Islamic Arab Insurance Company
 TPA : E CARE - Blue Network
 Validity : 03-08-2024 To 02-08-2025
 Gender : Male
 Date Of Birth : 27-May-1993
 Patient's Tel No : 447508039690

Service Date:10-May-2025

Network

: Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :DR Amaizah

Co-Insurance

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

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : pc : nasal congestion and breathing problem sec to long standing cough for last 1 month left sided chest pain , more on exertion family hx of cardiac disease ,, ischemic heart disease hx of hypothyroidism in mother hyperlipidemia on lab reports t3 low o/e : look irritable due too pain chest wheezing

Vitals:Temp : 36.8 Bp :130 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: R07.9 - Chest pain, unspecified,R06.2 - Wheezing,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,E03.9 - Hypothyroidism, unspecified,E78.2 - Mixed hyperlipidemia, **Date of Onset** :10/45/2025

Requested Investigations: 93000, ELECTROCARDIOGRAM COMPLETE,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,9, Consultation GP,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 0188-155601-0391 - (ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS,0201-124202-0341 - (ASPIRIN : 75 MG) ENTERIC COATED 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 :

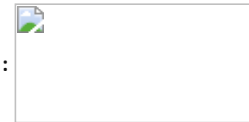
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



10-
Date : May-2025

Signature :

Amaizah

Date : 10-May-2025