

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ADEEL ASHRAF
Card No : I040-029-119910860-01
Policy Holder : ADEEL ASHRAF
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE-Medium- Gold and Silver
Validity : 13-01-2025 To 12-01-2026
Gender : Male
Date Of Birth : 03-Sep-1990
Patient's Tel No : 0543702807

Service Date :17-May-2025

Network

: Green

Health Provider :CITICARE MEDICAL CENTER LLC

Direct Access SP - YES

Doctor's Name :Dr.Farhan Iyas

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 : sore throat severe body pain nasal congestion low back pain

Duration :

Vitals:Temp : 37.1 Bp :140 Pulse :96 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,M54.5 - Low back pain,R09.81 - Nasal congestion, Date of Onset :17/54/2025

Requested Investigations: 85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,86140, C REACTIVE PROTEIN,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96374, THER/PROPH/DIAG INJ IV PUSH,0188-135906-2441, PULMICORT,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP

Estimated :
Cost

Prescriptions: 0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,0006-106601-0393 - (PARACETAMOL : 500 MG) FILM 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.

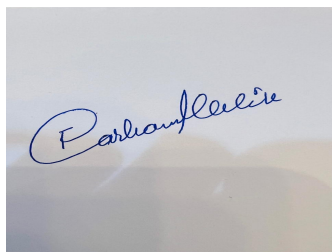
Dr's Name : Dr.Farhan Iyas

Stamp :

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

Patient 's
signature{Parent :
if minor}17-
Date : May-
2025

Signature :



Date : 17-May-2025