Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **RAMI SAMIR KAMAL ABDELAZIZ**	**Service Date**	:**31-May-2025** **Network** : Green
Card No	: **I040-029-122697383-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **RAMI SAMIR KAMAL ABDELAZIZ**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **01-10-2024** To **30-09-2025**		
Gender	: **Male**		
Date Of Birth	: **22-Jan-1985**		
Patient's Tel No	: **0527640808**		

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 : diabetes mellitus till 1 year. taking insulin for that. done wellness package 15 **Duration:** days ago. on investigation: vitamin d deficiency seen.

Vitals: Temp : 36 Bp :132 Pulse :62 Resp :18

Clinical Findings:

Diagnosis: E08.65 - Diabetes due to underlying condition w hyperglycemia,E55.9 - Vitamin D deficiency, unspecified,I10 - Essential (primary) hypertension, **Date of Onset** :31/41/2025

Requested Investigations: INJ064, VITAMIN D, INJECTION ,96372, INJECTION SERVICE-IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 1394-807702-1171 - (OLMESARTAN MEDOXOMIL : 40 MG) (AMLODIPINE (AS BESYLATE) : 5 MG) (HYDROCHLOROTHIAZIDE : 12.5 MG) TABLETS,0043-508401-1021 - (INSULIN DEGLUDEC : 100 U/ML) SOLUTION FOR INJECTION,0043-235201-1021 - (INSULIN ASPART : 100 IU/ML) SOLUTION FOR INJECTION,1290-640418-1171 - (VITAMIN D3 (CHOLECALCIFEROL) : 1000 IU) 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.

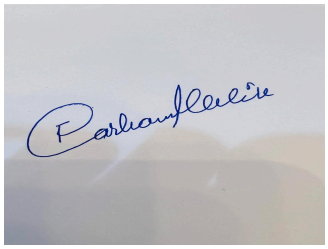
PATIENT'S DECLARATION :

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

Patient 's signature{Parent if minor} : **Date** : 31-May-2025

Signature :  **Date** : 31-May-2025