Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MAFIZ KABIR AHMMMAD KABIR AHAMMAD**	**Service Date**	**:03-Jun-2025** **Network** : Green
Card No	: **I040-029-113383345-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MAFIZ KABIR AHMMMAD KABIR AHAMMAD**	**Doctor's Name**	**:DR Amaizah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **13-01-2025** To **12-01-2026**		
Gender	: **Male**		
Date Of Birth	: **10-Jun-1987**		
Patient's Tel No	: **0582396033**		

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 : pc : sevre sore throat , hedache , bodypain , and diziness , tiredness and fever started 01/05/25 appetite reduced , nausea not tolerating orally took panadol not improved o/e :look pale , dehydrated bp is elevated hyperemic pharynx , tonsils are swollen chest congested **Duration:**

Vitals: Temp : 36.8 Bp :162 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R05 - Cough,E86.0 - Dehydration,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn,R11.2 - Nausea with vomiting, unspecified, **Date of Onset** :03/03/2025

Requested Investigations: 2190-106618-1001, PARAFUSIV,0195-107704-0802, CEFTRIAXONE-TABUK IM,0005-150403-1021, PREMOSAN ,0005-149902-1021, CLOFEN ,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost :**

Prescriptions: 0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,2027-719101-0392 - (PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0195-379202-1451 - (AMLODIPINE (AS BESYLATE) : 10 MG) CAPSULES (HARD GELATIN), **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 :** 03-Jun-2025

Signature : **Date** : 03-Jun-2025