## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **SYEDA FIRDOS FATIMA SYED** | **Service Date** | :**04-Jun-2025** **Network** : Green |
| **Card No** | : **784-1999-5264201-7** | **Health Provider** | :**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES** |
| **Policy Holder** | : **SYEDA FIRDOS FATIMA SYED** | **Doctor's Name** | :**DR Amaizah** |
| **Payer Name** | : **TAKAFUL EMARAT** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Green Network** | | |
| **Validity** | : **31-12-2024** To **30-12-2025** | **Remarks** | : |
| **Gender** | : **Female** | | |
| **Date Of Birth** | : **30-Jun-1999** | | |
| **Patient's Tel No** | : **0542998191** | | |

| 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 :** P/C : DIZINESS , TREMORS NUMBNESS IN HANDS AND ARMS AND FACE , FEVER STARTED 03/06/25 PREV HX OF UTI and typhoid fever PREVIOUS HX OF STROKE TOOK BLOOD THINNERS PREVIOULY NOW STOPPED hx of epilepsy and seisures post stoke PLT ELEVATED nrrd to start platelets lowering med aspimed LOW HB TLC RAISED **Duration:**

**Vitals:**Temp : 37.5 Bp :99 Pulse :100 Resp :18

**Clinical Findings:**

**Diagnosis:** R03.1 - Nonspecific low blood-pressure reading,R42 - Dizziness and giddiness,R25.1 - Tremor, unspecified,E86.0 - Dehydration,R50.9 - Fever, unspecified,D50.9 - Iron deficiency anemia, unspecified,F41.9 - Anxiety disorder, unspecified,A09 - Infectious gastroenteritis and colitis, unspecified,A01.00 - Typhoid fever, unspecified, **Date of Onset** :04/46/2025

**Requested Investigations:** 0439-152905-1001, LACTATED RINGERS INJECTION USP,2190-106618-1001, PARAFUSIV,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85378, FIBRIN DGRADJ PRODUCTS D DIMER QUAL/SEMIQUAN,82948, REAGENT STRIP/BLOOD GLUCOSE,0195-107704-0802, CEFTRIAXONE-TABUK IM,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT,86768, ANTIBODY SALMONELLA,96360, HYDRATION IV INFUSION INIT **Estimated Cost** :

**Prescriptions:** 0201-124202-0341 - (ASPIRIN : 75 MG) ENTERIC COATED TABLETS,5254-830602-2401 - (VITAMIN B1 (THIAMINE) : 100 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 200 MG) (VITAMIN B12 (CYANOCOBALAMIN) : 200 MCG) SUGAR COATED TABLETS,6619-608703-0831 - (SODIUM CHLORIDE : 0.52 G) (POTASSIUM CHLORIDE : 0.3 G) (SODIUM CITRATE : 0.58 G) (GLUCOSE ANHYDROUS : 2.7 G) POWDER FOR SOLUTION,3114-482003-0391 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 MG) FILM COATED TABLETS,1195-680601-0611 - (ZINC : 12 MG) (FOLIC ACID : 500 MCG) (COPPER : 2000 MCG) (CYANOCOBALAMIN : 10 MCG) (PYRIDOXINE : 5 MG) (IRON : 24 MG) MODIFIED RELEASE CAPSULES, **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

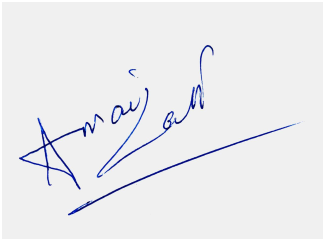
**Stamp :**

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

**Patient 's signature{Parent if minor}** :

**Date** : 04-Jun-2025

**Signature :**



**Date** : 04-Jun-2025