Administrative MEDICAL CLAIM FORM Claim Ref

Patient Name	: XUEDAN GUO	**Service Date**	:05-Jun-2025	**Network**	: Green
Card No	: I022-029-114283736-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC		**Direct Access SP**
Policy Holder	: XUEDAN GUO	**Doctor's Name**	:AISHA		
Payer Name	: TAKAFUL EMARAT				
TPA	: E CARE - Blue Network	**Co-Insurance**	:		
Validity	: 14-06-2024 To 13-06-2025	**Remarks**	:		
Gender	: Female				
Date Of Birth	: 28-Dec-1989				
Patient's Tel No	: 0502186438				

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : patient came with the complain of headache and occasionally high blood pressure ,for the last one month .she also complain of irregular menstrual cycle along with unusual weight gain . she also has a complain of burning micturation ,with vaginal discharge . she has a strong family history of diabetes mellitus . **Duration:**

Vitals: Temp : 36.6 Bp :107 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,E78.49 - Other hyperlipidemia,E78.00 - Pure hypercholesterolemia, unspecified,E03.9 - Hypothyroidism, unspecified,R30.0 - Dysuria,K76.0 - Fatty (change of) liver, not elsewhere classified,R52 - Pain, unspecified,R73.9 - Hyperglycemia, unspecified, **Date o Onset**

Requested Investigations: 80061, LIPID PANEL,80076, HEPATIC FUNCTION PANEL,83036, HEMOGLOBIN GLYCOSYLATED A1C,80069, RENAL FUNCTION PANEL,84443, THYROID STIMULATING HORMONE TSH,84480, TRIIODOTHYRONINE T3 TOTAL TT3,82306, 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED,9, Consultation GP,81007, URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK **Estimated Cost :**

Prescriptions: **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 :

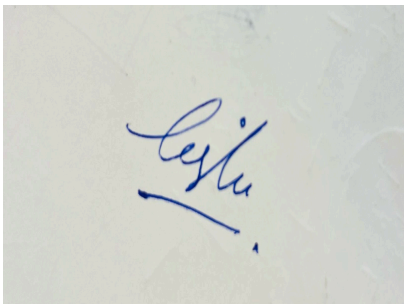
I hereby authorize any Healthca Employer or other organization regarding my medical condition determining insurance benefits.

Dr's Name : AISHA

Stamp :

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Signature : 

Date : 05-Jun-2025