

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: RENE JR MACABULOS FLORENTINO

Card No

: P5676102B

Policy Holder

: RENE JR MACABULOS FLORENTINO

Payer Name

: HAYAH INSURANCE COMPANY P.J.S.C

TPA

: E CARE - Green Network

Validity

: 27-05-2025 To 26-05-2026

Gender

: Male

Date Of Birth

: 14-Apr-1979

Patient's Tel No

: 0504148557

Service Date

: 07-Jun-2025

Health Provider

: CITICARE MEDICAL CENTER LLC

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

Network

: Green

Direct Access SP

: YES

Remarks :

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: PC : FOLLOW UP FOR LABS HYPERURECEMIA LOW VITAMIN D DERRANGED LIPID PROFILE

Vitals

:Temp : 36.6 Bp :130 Pulse :78 Resp :18

Clinical Findings

Diagnosis

: R82.993 - Hyperuricosuria,M1A.3320 - Chronic gout due to renal impairment, left wrist, w/o tophus,E55.9 - Vitamin D deficiency, unspecified,E78.5 - Hyperlipidemia, unspecified,

Requested Investigations

: Pa001, GENARAL WELLNESS PACKEGE,9, Consultation GP

Prescriptions

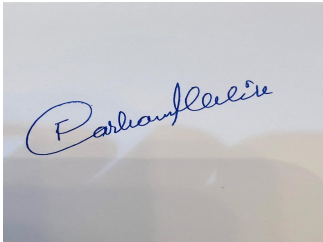
MEDICAL PRACTITIONER DECLARATION :

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.

Dr's Name

: Dr.Farhan Iyas

Signature



Stamp

Dr .Frahan Ilyas Malik

Physician-General Practitioner

DHA-06441782-001

CITICARE MEDICAL CENTER

DUBAI U.A.E

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.

Patient 's signature{Parent : if minor}



Date

: 07-Jun-2025