Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ANCY ANNA PHILIPOSE PHILIPOSE IDICULLA**	**Service Date**	:**08-Jun-2025**
Card No	: **I005-029-119704079-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **ANCY ANNA PHILIPOSE PHILIPOSE IDICULLA**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **DUBAI INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **08-08-2024** To **07-08-2025**		
Gender	: **Female**		
Date Of Birth	: **13-Apr-2000**		
Patient's Tel No	: **0503413891**		

Network : Green

Direct Access SP - YES

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: fever cough flu runny nose sore throat headache body ache and yellow sputum duration: since yesterday o/e hyperemia and chest congestion patient is allergic with a medicine but she does not know **Duration:**

Vitals: Temp : 37.9 Bp :117 Pulse :112 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified, **Date of Onset :**08/14/2025

Requested Investigations: 2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT,85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,8132-949002-1171 - (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE HCL : 30 MG) (CHLORPHENIRAMINE MALEATE : 2 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP, **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

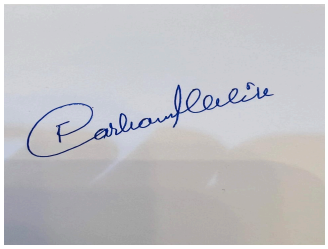
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 08-Jun-2025

Signature :



Date : 08-Jun-2025