Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ANNE ABANOUB FEKRY**
Card No	**: I009-029-122842766-01**
Policy Holder	**: ANNE ABANOUB FEKRY**
Payer Name	**: HAYAH INSURANCE COMPANY P.J.S.C**
TPA	**: E CARE - Blue Network**
Validity	**: 05-06-2025** To **04-06-2026**
Gender	**: Female**
Date Of Birth	**: 04-Jul-2023**
Patient's Tel No	**: 0556554867**

Service Date :10-Jun-2025 **Network** : Green

Health Provider **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

Doctor's Name **:Dr Bushra**

Co-Insurance:

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks :

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

Chief Complaints : congested cough - 3 days picky eater on examination: pallor, wrist widening, bowing of legs chest: congested heart sounds: normal abdomen: soft, non tender **Duration:**

Vitals: Temp : 36.6 Bp :0 Pulse :110 Resp :24

Clinical Findings:

Diagnosis: R05 - Cough,D50.9 - Iron deficiency anemia, unspecified,E55.9 - Vitamin D deficiency, unspecified, **Date of Onset :**10/05/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,82728, FERRITIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0252-182101-1161 - (IRON (AS FERRIC HYDROXIDE POLYMALTOSE COMPLEX) : 50 MG/5ML) SYRUP,1086-123702-1381 - (CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL),0042-125404-2071 - (IPRATROPIUM : 0.025%) NEBULIZING SOLUTION,F67-5477-05016-01 - (DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION,6396-925801-3851 - (SEA WATER (SODIUM CHLORIDE) : 0.9% (28 ML / 100 ML)) NASAL SPRAY,0796-605201-0221 - (VITAMIN A PALMITATE : 1500 IU/ML) (VITAMIN D3 : 400 IU/ML) (VITAMIN E (AS D-ALPHA TOCOPHERYL ACETATE) : 5 IU/ML) (ASCORBIC ACID (VITAMIN C) : 30 MG/ML) (NIACINAMIDE : 4 MG/ML) (THIAMINE (VITAMIN B1) : 0.5 MG/ML) (RIBOFLAVINE (VITAMIN B2) : 0.6MG/ML) DROPS,E63-4052-05903-01 - (DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION,N01-1867-03130-01 - (DEXTROSE : 50 MG/ML) (DEXTRAN 40 : 100 MG/ML) SOLUTION FOR INFUSION, **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.

Dr's Name : Dr Bushra

Stamp :

Dr. Bushra Mufti
General practitioner
DHA: 75646242-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature : 

Date : 10-Jun-2025

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 : 10-Jun-2025