

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SANA FAYYAZ ASHFAQ AHMAD SHAHZAD

Card No : I022-029-121571466-01

Policy Holder : SANA FAYYAZ ASHFAQ AHMAD SHAHZAD

Payer Name : TAKAFUL EMARAT

TPA : E CARE - Blue Network

Validity : 26-10-2024 To 25-10-2025

Gender : Female

Date Of Birth : 06-Mar-1983

Patient's Tel No : 0558803738

Service Date :16-Jun-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :AISHA

Co-Insurance :

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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : pc : pt came with the complain of throat pain hopc :pt came with the complain of severe throat pain since yesterday along with nausea o/e tonsils are hypertrophied chest is clear

Vitals:Temp : 36.8 Bp :120 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R52 - Pain, unspecified,K29.00 - Acute gastritis without bleeding,R11.0 - Nausea,

Duration:

Date of Onset :17/31/2025

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0415-168201-2231 - (DOMPERIDONE : 10 MG) RECTAL SUPPOSITORIES,0097-223401-1171 - (NAPROXEN : 500 MG) TABLETS,

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 : AISHA

Stamp :

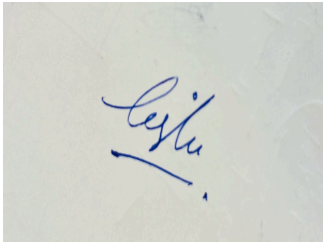
Dr. Aisha Umer

Physician- General Practitioner

DHA- 40131439-002

CITICARE MEDICAL CENTER

DUBAI - U.A.E

Signature :

Date : 17-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 : Jun-2025