Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **RHEA MARIE CABINGAS TAGARAO**	**Service Date**	**:17-Jun-2025** **Network** : Green
Card No	: **I017-029-114807837-02**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **RHEA MARIE CABINGAS TAGARAO**	**Doctor's Name**	**:Dr.Farhan Iyas**
Payer Name	: **ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **13-11-2024** To **12-11-2025**		
Gender	: **Female**		
Date Of Birth	: **15-Nov-1985**		
Patient's Tel No	: **0553341884**		

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 : follow up patient yesterday came with acute pharyngitis and done investigation: there is elevated CRP in report. **Duration:**

Vitals: Temp : 36.8 Bp :120 Pulse :72 Resp :18

Clinical Findings:

Diagnosis: R79.82 - Elevated C-reactive protein (CRP),J02.9 - Acute pharyngitis, unspecified, **Date of Onset** :17/28/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0439-152905-1001, LACTATED RINGERS INJECTION USP,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Estimated Cost :

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.

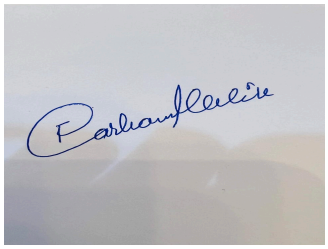
PATIENT'S DECLARATION :

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** : 17-Jun-2025

Signature :  **Date** : 17-Jun-2025