Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **HASEENA MAI MOHAMMAD RIAZ**	**Service Date**	:**17-Jun-2025**
Card No	: **I011-029-119763952-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **HASEENA MAI MOHAMMAD RIAZ**	**Doctor's Name**	:**AISHA**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **10-02-2025** To **09-02-2026**		
Gender	: **Female**		
Date Of Birth	: **01-Jan-1984**		
Patient's Tel No	: **0551778991**		

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 : throat pain , ear pain and fever for the last 2 days hopc : pt. came with the complain of fever ,runny nose along with throat pain and ear blocakge o/e thraot is hyperemic ear is blocked with wax chest is clear allergy:none she also has low blood pressure that is 80/50 she feels dizzi and weak **Duration:**

Vitals: Temp : 37.1 Bp :80 Pulse :68 Resp :18

Clinical Findings:

Diagnosis: H61.23 - Impacted cerumen, bilateral,I95.9 - Hypotension, unspecified,E86.0 - Dehydration,R05 - Cough,R50.9 - Fever, unspecified,J03.90 - Acute tonsillitis, unspecified,R09.81 - Nasal congestion, **Date of Onset** :17/18/2025

Requested Investigations: 69209, REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,96360, HYDRATION IV INFUSION INIT,9.01, Follow Up Consultation GP **Estimated Cost** :

Prescriptions: **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 : AISHA

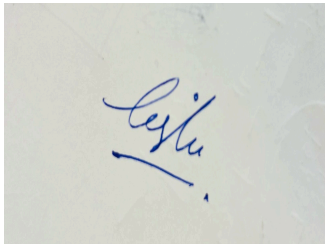
Stamp :

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Date : 17-Jun-2025

Signature :



Date : 17-Jun-2025