

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

: RHEA MARIE CABINGAS TAGARAO

Card No

: I017-029-114807837-02

Policy Holder

: RHEA MARIE CABINGAS TAGARAO

Payer Name

: ABU DHABI NATIONAL INSURANCE COMPANY-ADNIC

TPA

: E CARE - Blue Network

Validity

: 13-11-2024 To 12-11-2025

Gender

: Female

Date Of Birth

: 15-Nov-1985

Patient's Tel No

: 0553341884

Service Date

: 18-Jun-2025

Health Provider

: CITICARE MEDICAL CENTER LLC

Doctor's Name

: Dr.Farhan Iyas

Co-Insurance

:

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

Network

: Green

Direct Access SP - YES

Remarks

:

☐ 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 : 36.6 Bp :116 Pulse :72 Resp :18

Clinical Findings:

Diagnosis

: R79.82 - Elevated C-reactive protein (CRP),J02.9 - Acute pharyngitis, unspecified,

Date of Onset

: 18/46/2025

Requested Investigations

: 0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,0439-152905-1001, LACTATED RINGERS INJECTION USP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,9.01, Follow Up Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT

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.

Dr's Name

: Dr.Farhan Iyas

Stamp

:

Dr .Frahan Ilyas Malik

Physician-General Practitioner

DHA-06441782-001

CITICARE MEDICAL CENTER

DUBAI U.A.E

Signature

:

Date

: 18-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