Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ASLANBEK AMIEV**	**Service Date**	:**22-Jun-2025**
Card No	: **I022-029-116328439-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **ASLANBEK AMIEV**	**Doctor's Name**	:**AISHA**
Payer Name	: **TAKAFUL EMARAT**		
TPA	: **E CARE - Green Network**	**Co-Insurance**	:
Validity	: **31-12-2024** To **30-12-2025**	**Remarks**	:
Gender	: **Male**		
Date Of Birth	: **11-Aug-1985**		
Patient's Tel No	: **0505956757**		

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 : pc : high grade fever ,throat pain **Duration :**

Vitals: Temp : 38.4 Bp :120 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R11.0 - Nausea,R19.7 - Diarrhea, unspecified,E86.0 - Dehydration,R52 - Pain, unspecified,J06.9 - Acute upper respiratory infection, unspecified,K29.00 - Acute gastritis without bleeding,J30.9 - Allergic rhinitis, unspecified,A49.2 - Hemophilus influenzae infection, unspecified site,

Date of Onset :22/56/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81003, URNLS DIP STICK TABLET RGNT AUTO WO MICROSCOPY,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0439-152905-1001, LACTATED RINGERS INJECTION USP,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT,9, Consultation GP,Influenza A & B, Influenza A & B

Estimated Cost :

Prescriptions: 0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED 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.

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

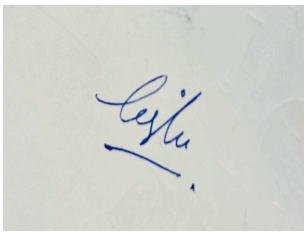
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 22-Jun-2025

Signature :



Date : 22-Jun-2025