Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Mohammad SHAHRUKH KHAN**	**Service Date**	:**27-Jun-2025**
Card No	: **I022-029-121982903-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **Mohammad SHAHRUKH KHAN**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**		
Validity	: **08-01-2025** To **07-01-2026**	**Remarks**	:
Gender	: **Male**		
Date Of Birth	: **29-Aug-1988**		
Patient's Tel No	: **0561682771**		

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 : SEVRE SORE THROAT , BODY PAIN , SNEEZING , AND LOW GRADE FEVER **Duration:** STARTED 26/06/25 O/E : LOOK IRIITABLE ELEVATED BP HYPEREMIC PHARYNX TONSILS ARE SWOLLEN

Vitals: Temp : 37.2 Bp :150 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,K29.00 - Acute gastritis without bleeding, **Date of Onset** :27/25/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,0195-123701-0391 - (CETIRIZINE HCL : 10 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 : DR Amaizah

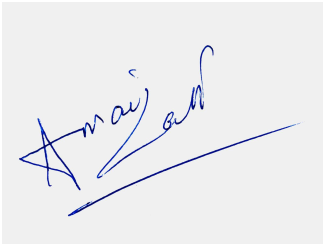
Stamp :

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} :

Date : 27-Jun-2025

Signature :



Date : 27-Jun-2025