Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **Mohammad SHAHRUKH KHAN**	**Service Date**	:**28-Jun-2025** **Network** : Green
Card No	: **I022-029-121982903-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **Mohammad SHAHRUKH KHAN**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **08-01-2025** To **07-01-2026**		
Gender	: **Male**		
Date Of Birth	: **29-Aug-1988**		
Patient's Tel No	: **0561682771**		

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 came for fasting lipid profile fasting blood sugar tesr **Duration :**

Vitals: Temp : 36.8 Bp :130 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: E78.5 - Hyperlipidemia, unspecified,R73.9 - Hyperglycemia, unspecified,Z83.3 - Family history of diabetes mellitus,Z82.41 - Family history of sudden cardiac death,R17 - Unspecified jaundice, **Date of Onset** :28/56/2025

Requested Investigations: 80061, LIPID PANEL,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80069, RENAL FUNCTION PANEL,84460, TRANSFERASE ALANINE AMINO ALT SGPT,84450, TRANSFERASE ASPARTATE AMINO AST SGOT,82247, BILIRUBIN TOTAL,9.01, Follow Up Consultation GP **Estimated Cost** :

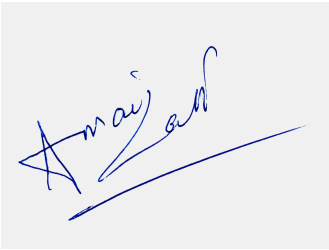
Prescriptions: **Estimated Cost** :

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.

Dr's Name : DR Amaizah **Stamp :**

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

Signature :  **Date** : 28-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 :** 28-Jun-2025