

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	EHAB IBRAHIM MOHAMED MOUSTAFA	Service Date	:28-Jun-2025	Network	: Green														
Card No	: I040-029-122122057-01	Health Provider	:CITICARE MEDICAL CENTER LLC	Direct Access SP	- YES														
Policy Holder	EHAB IBRAHIM MOHAMED MOUSTAFA	Doctor's Name	:DR Amaizah																
Payer Name	UNION INSURANCE COMPANY	Co-Insurance	<table><tr><td>CONSULTATION</td><td>LAB/RADIOLOGY</td><td>PHYSIO</td><td>PHARMACY</td><td>IP</td><td>MATERNITY</td><td>DENTAL</td></tr><tr><td>10% max</td><td>NIL</td><td>NIL</td><td>NIL LIMIT</td><td>NIL</td><td>10%</td><td>NA</td></tr></table>			CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL	10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA
CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL													
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA													
TPA	ECARE-EBP EBP Enhanced CLASIC	Remarks																	
Validity	: 13-01-2025 To 12-01-2026																		
Gender	: Male																		
Date Of Birth	: 30-Sep-1989																		
Patient's Tel No	: 0558819102																		

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : pc : severe sore throat , body pain , headache , sneezing low grade fever started 27/06/25 took pcm only not improved o/e : hyperemic pharynx chest : B/L clear

Duration:

Vitals:Temp : 38.7 Bp :110 Pulse :98 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R50.9 - Fever, unspecified,R51.9 - Headache, unspecified,

Date of Onset :28/43/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0046-111801-0511, (CHLORPHENIRAMINE : 10 MG) INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Estimated : Cost

Prescriptions: 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,2027-719101-0392 - (PARACETAMOL : 500 MG) (IBUPROFEN : 150 MG) (PHENYLEPHRINE HCL : 2.5 MG) FILM COATED TABLETS,0397-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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.

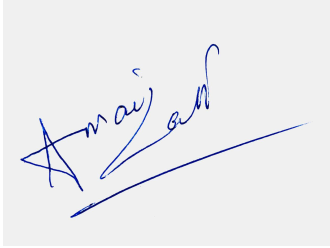
Dr's Name : DR Amaizah

Stamp :

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

Patient's signature{Parent : if minor}

28-Jun-2025

Signature :

Date : 28-Jun-2025