

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MUHAMMAD BAHIR

Card No : I022-029-114042580-01

Policy Holder : MUHAMMAD BAHIR

Payer Name : TAKAFUL EMARAT

TPA : E CARE - Blue Network

Validity : 30-08-2024 To 29-08-2025

Gender : Male

Date Of Birth : 16-Jun-1990

Patient's Tel No : 765697144

Service Date :03-Jul-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :AISHA

Co-Insurance :

Remarks :

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 : THROAT PAIN ,FEVER , COUGH , HOPC : PT CAME WITH THE COMPLAIN Duration: OF THROAT PAIN ALONG WITH COUGH AND NASAL CONGESTION STARTED TWO DAYS BACK O/E CHEST IS CONGESTED THROAT IS HYPEREMIC PMH : NONE

Vitals:Temp : 36.7 Bp :140 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,J30.89 - Other allergic rhinitis,R50.9 - Fever, unspecified,R05 - Cough,R06.2 - Wheezing,K29.00 - Acute gastritis without bleeding,

Date of Onset :03/20/2025

Requested Investigations: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) Estimated : SOLUTION FOR INFUSION,96360, HYDRATION IV INFUSION INIT,0125-122107-1022, DEXAMETHASONE Cost SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0195-107704-0801, CEFTRIAXONE-TABUK IV,9, Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,96365, THER/PROPH/DIAG IV INF INIT

Prescriptions: 0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,5251-624304-3591 - (AZELASTINE HCL : 1 MG/G) (FLUTICASON PROPIONATE : 0.365 MG/G) SUSPENSION Cost FOR NASAL SPRAY,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0005-134003-1161 - (BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,

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 : AISHA

Stamp :

Dr. Aisha Umer

Physician- General Practitioner

DHA- 40131439-002

CITICARE MEDICAL CENTER

DUBAI - U.A.E

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}

03-Jul-2025

Signature :

Date : 03-Jul-2025