Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ASLANBEK AMIEV**	**Service Date**	:**03-Jul-2025** **Network** : Green
Card No	: **I022-029-116328439-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
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**		

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 : RUNNY NOSE ,SNEEZING HOPC : PT CAME WITH THE COMPLAIN OF RUNNY NOSE AND SNEEZING STARTED YESTERDAY HE ALSO HAS COUGH . O/E CHEST IS CLEAR **Duration:**

Vitals: Temp : 36.8 Bp :120 Pulse :88 Resp :18

Clinical Findings:

Diagnosis: J30.89 - Other allergic rhinitis,R21 - Rash and other nonspecific skin eruption,R05 - Cough, **Date of Onset** :03/01/2025

Requested Investigations: 0005-111805-1021, CHLOROHISTOL 10MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0005-072401-1171 - (PARACETAMOL : 250 MG) (GUAIFENESIN : 100 MG) (PHENYLEPHRINE HCL : 5 MG) TABLETS,0070-148901-1171 - (LORATADINE : 5 MG) (PSEUDOEPHEDRINE : 120 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.

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.

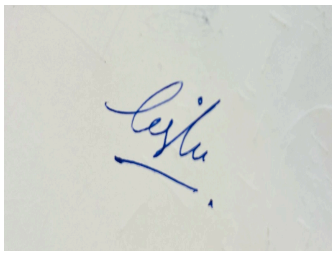
Dr's Name : AISHA

Stamp :

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

Patient 's signature{Parent : if minor}

Date : 03-Jul-2025

Signature : 

Date : 03-Jul-2025