Administrative MEDICAL CLAIM FORM Claim Ref

Patient Name	: **HAMZA IMRAN YOUNAS IMRAN**	**Service Date**	:**05-Jul-2025** **Network** : Green
Card No	: **I035-029-118846922-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP**
Policy Holder	: **HAMZA IMRAN YOUNAS IMRAN**	**Doctor's Name**	:**SANDIA**
Payer Name	: **SALAMA – Islamic Arab Insurance Company**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **28-05-2025** To **27-05-2026**		
Gender	: **Male**		
Date Of Birth	: **09-May-1996**		
Patient's Tel No	: **0526119901**		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : fever since 10 days, pt took panadol only. started on 26th june. traveled to pak for 2 months. runny nose, dry cough since 10 days pain in chest on coughing body pain headache sorethroat weakness sneezing known kidney calculus multiple in uteter on exam : chest is clear inflammed hroat congestion **Duration:**

Vitals: Temp : 37.6 Bp :130 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R53.1 - Weakness,R07.0 - Pain in throat,R52 - Pain, unspecified,R05 - Cough,N20.1 - Calculus of ureter, **Date of Onset**

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,81002, URNLS DIP STICK/TABLET RGNT NON AUTO W/O MICRSCP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP,0102-152902-1001, LACTATED RINGERS INJECTION USP,0439-152905-1001, LACTATED RINGERS INJECTION USP,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT **Estimated : Cost**

Prescriptions: 4235-533801-1751 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG GASTRO-RESISTANT TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0278-107902-0391 - (IBUPROFEN : 400 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP, **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.

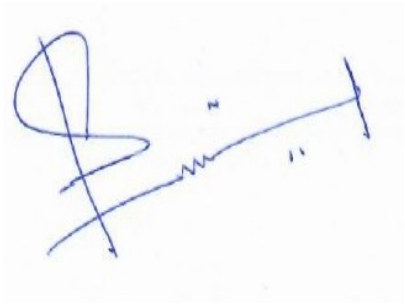
PATIENT'S DECLARATION :

I hereby authorize any Healthca Employer or other organization regarding my medical condition determining insurance benefits.

Dr's Name : SANDIA **Stamp :**

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Signature :  **Date :** 05-Jul-2025