Administrative **MEDICAL CLAIM FORM** **Claim Ref:**

Patient Name	: MOHAMED SALIQ CHANELIPARAMBIL ABDUL KADER	**Service Date**	:09-Jul-2025
Card No	: I022-029-114351406-01	**Health Provider**	:CITICARE MEDICAL CENTER LLC
Policy Holder	: MOHAMED SALIQ CHANELIPARAMBIL ABDUL KADER	**Doctor's Name**	:AISHA
Payer Name	: TAKAFUL EMARAT	**Co-Insurance**	:
TPA	: E CARE - Blue Network	**Remarks**	:
Validity	: 28-03-2025 To 27-03-2026		
Gender	: Male		
Date Of Birth	: 23-Jan-1976		
Patient's Tel No	: 0588878445		

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 : follow up : crp high 21.5 high grade fever chest is congested **Duration :**

Vitals: Temp : 36 Bp :130 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,E86.0 - Dehydration,R52 - Pain, unspecified,R06.2 - Wheezing, **Date of Onset** :09/12/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,0188-135906-2441, PULMICORT,94640, AIRWAY INHALATION TREATMENT,2190-106618-1001, PARAFUSIV,96360, HYDRATION IV INFUSION INIT,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,9, 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.

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

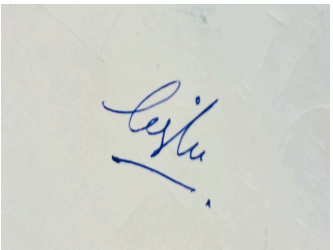
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 09-Jul-2025

Signature :



Date : 09-Jul-2025