AXA						DirectThsclaimf	ormBillingisnotar	n admissionClaim ofFormliability	,
Administrative Sect	ion								
Policy number	13/XP/534	03/0/9/E/0		Membersh	ip number				
Patient name	KRYSTYNA	KRYVDA		Provider na	ame	(CITICARE M	IEDICAL CENTER LLC	
Date of treatment	24-Jul-202	5		Patient Ge	nder		O Male	Female	
Medical Section									
Type of visit Out	tpatient 🗆 Inpatie	nt If 🗆 Eme	ergency 🗆	Maternity	\Box Dental	Optical			
If Pregnant: L.M.P. I Chief complaint	Date Nature of con-	ception O	Natural (Assisted					
PC pain in throat,sn	eezing,tiredness,co	ugh,fever							
HOPC pt presents w	rith complaints of so	orethroat,sn	eezing,run	ning nose a	nd cough sir	nce 4 days			
O\E Chest clear									
Throat hyperemia									
No history of drug a	llergy								
Nil comorbs									
History of present i	llness								
Date	Doctor	Location	Quality	Severity	Duration	Timing	Context	Modifying Factor	Symptoms
No Previous Compl	aints Found								
Clinical findings/oth	ner conditions								
Doct modical history									

Details of trauma - if applicable (where, when & how) Uork Related RTA Related Sports Related

If yes OProfessional ONon-Professional

Diagnosis

J02.9 - Acute pharyngitis, unspecified, R07.0 - Pain in throat, R05 - Cough, J30.9 - Allergic rhinitis, unspecified, R50.9 - Fever, unspecified, R52 - Pain, unspecified

Treatment plan, recommended medications, investigations, and/or procedures

Treatments: 0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM: 75 MG/3ML) SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE: 10 MG/ML) SOLUTION FOR INJECTION,85025, COMPLETE BLOOD COUNT (CBC) BLOOD,86140, C-REACTIVE PROTEIN (CRP),0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE: 4 MG/ML) SOLUTION FOR INJECTION,9, GP Consultation,96372, Therapeutic prophylactic or diagnostic injection (specify substance or drug) subcutaneous or intramu,96365, Intravenous infusion for therapy prophylaxis or diagnosis (specify substance or drug) initial up to

Prescription: 4066-108101-0391 - (DESLORATADINE: 5 MG) FILM COATED TABLETS, 0837-277601-1161 - (OXOMEMAZINE: 0.33 MG/ML) SYRUP,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM): 20 MG) CAPSULES (HARD GELATIN),0009-127405-0391 - (AZITHROMYCIN: 500 MG) FILM COATED TABLETS,

Patient declaration

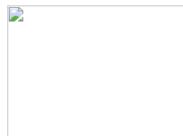
I hereby confirm that I am the patient/AXA card holder, Patient's parent or guardian (if under 16 years of age) and I wish to claim and declare that all the details/ information given above are to the best of my knowledge true and correct. I hereby consent to and fully authorize the medical practitioner involved in the patient's care to discuss treatment details and discharge arrangements with and to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates. I subrogate all my rights in relation to this claim and I fully authorize and give access to AXA Insurance (Gulf) B.S.C © representative or any of AXA company affiliates to audit, review and copy all my medical records details including any historical medical records regardless the previous payer/insurer. I agree that

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.

Name

Signature



Date:24-Jul-2025

د. کیرثانا رانی بادیبورایل ثارا
Dr. Keerthana Rani Padippurayil Thara
General Practitioner
License No.: 37864046-001
مـركــز سيتيكير الطبى ذم م
Stamp CITICARE MEDICAL CENTER LLC

Date:24-Jul-2025 WARNING:Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. Penalties may include but not be restricted to denial of insurance benefits / cover, rendering the insurance contract void and/or legal action to be taken where deemed necessary.

If you have any questions regarding this form or any other aspects of the cover, please contact AXA on UAE +971 (4) 429 4000, Qatar +97 4 412 8733, Bahrain +973 (17) 582 612, KSA +966 (1) 478 0282 quoting the policy and membership numbers. Claims must be submitted along with supporting documents within 30 days from date of service. Send this claim form together with supporting material to Medical Department, AXA Insurance, PO BOX 32505, Dubai, UAE or AXA Insurance, P.O. Box 45, Kingdom of Bahrain or AXA Insurance PO BOX 21044, 11475 Riyadh, Kingdom of Saudi Arabia or AXA Insurance, PO Box 15319, Doha, State of Qatar.