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

Patient Name	: **MUHAMMAD IRFAN MUHAMMAD ZAMEER**	**Service Date:**	**31-Jul-2025** **Network** : Green
Card No	: **I022-029-119647410-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MUHAMMAD IRFAN MUHAMMAD ZAMEER**	**Doctor's Name**	**:AISHA**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **19-09-2024** To **18-09-2025**		
Gender	: **Male**		
Date Of Birth	: **02-Jul-1988**		
Patient's Tel No	: **0558209860**		

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 : FEVER , COUGH , BODY PAIN HOPC : PT CAME WITH THE COMPLAIN OF RUNNY NOSE COUGH THROAT PAIN AND FEVER STARTED TWO DAYS BACK O/E THROAT IS CLEAR CHEST IS CONGESTED RHONCHI ALLERGIES : NONE PMC : NONE **Duration:**

Vitals: Temp : 37.6 Bp :130 Pulse :102 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R06.2 - Wheezing,R52 - Pain, unspecified,J30.9 - Allergic rhinitis, unspecified,E86.0 - Dehydration, **Date of Onset** :31/49/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,2190-106618-1001, PARAFUSIV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0384-111908-1001, SODIUM CHLORIDE B.P.,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV PUSH,94640, AIRWAY INHALATION TREATMENT,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0207-142902-1451 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN),0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,0005-114501-2481 - (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE),0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS, **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 :** 31-Jul-2025

Signature : **Date** : 31-Jul-2025