Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD IRFAN MUHAMMAD ZAMEER**	**Service Date:**	**02-Aug-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**	**:Dr.Farhan Iyas**
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 : follow up patient: came on 31st July done investigations: CRP is high 40.2 **Duration :**

Vitals: Temp : 36.6 Bp :140 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: R79.82 - Elevated C-reactive protein (CRP),J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,R06.2 - Wheezing, **Date of Onset** :02/36/2025

Requested Investigations: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0439-152905-1001, LACTATED RINGERS INJECTION USP,96365, THER/PROPH/DIAG IV INF INIT,0188-135906-2441, PULMICORT,9.01, Follow Up Consultation GP,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT **Estimated Cost** :

Prescriptions: 0097-395404-0391 - (MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED 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.

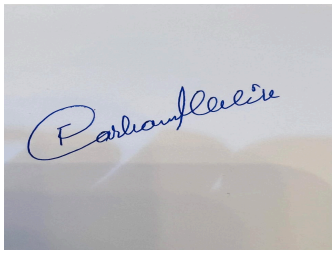
PATIENT'S DECLARATION :

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 : Dr.Farhan Iyas **Stamp :**

Dr .Frahan Ilyas Malik
Physician-General Practitioner
DHA-06441782-001
CITICARE MEDICAL CENTER
DUBAI U.A.E

Patient 's signature{Parent : if minor} **Date :** 02-Aug-2025

Signature :  **Date** : 02-Aug-2025