

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Abdul Nasir Farzand Ali
Card No : I022-029-117919277-01
Policy Holder : Abdul Nasir Farzand Ali
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Green Network
Validity : 19-06-2025 To 18-06-2026
Gender : Male
Date Of Birth : 09-May-1990
Patient's Tel No : 0556560403

Service Date : 03-Aug-2025
Health Provider : CITICARE MEDICAL CENTER LLC
Doctor's Name : DR Amaizah

Network : Green
Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Co-Insurance :
Remarks :

☐ Acute	☐ Pre-existing and chronic	☐ Maternity
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Chief Complaints : pc : sore throat , bodypain , headache , fever low grade ,and cough which is dry , nasal congestion started 31/07/25 o/e look irritable hyperemic pharynx chest wheezing **Duration:**

Vitals:Temp : 36.6 Bp :100 Pulse :100 Resp :18

Clinical Findings:

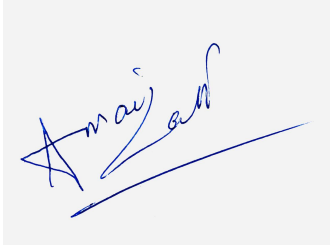
Diagnosis: J03.90 - Acute tonsillitis, unspecified,R05 - Cough,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,R06.2 - Wheezing,M54.5 - Low back pain,R07.0 - Pain in throat, **Date of Onset** :03/10/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,2190-106618-1001, PARAFUSIV,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost :**

Prescriptions: 0006-106601-0394 - (PARACETAMOL : 500 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.
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Dr's Name : DR Amaizah

Signature : 

Stamp :

Dr. Amaizah Ishtiaq
 General Practitioner
 DHA: 98486553-001
CITICARE MEDICAL CENTER
 DUBAI - U.A.E

Date : 03-Aug-2025

Patient 's signature{Parent : if minor}

Date : Aug-2025