Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **Abdul Nasir Farzand Ali**	**Service Date**	:**04-Aug-2025**
Card No	: **I022-029-117919277-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **Abdul Nasir Farzand Ali**	**Doctor's Name**	:**AISHA**
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**		

Network : Green

Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc : sore throat , bodypain , headache , fever low grade ,and cough which is dry , nasal congestion started 31/07/25 tok panadol not improved o/e look irritable hyperemic pharynx tonsils are swollen chest wheezing follow still have fever heart burn ,flatulence crp is high 5.71 **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :100 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R05 - Cough,J30.9 - Allergic rhinitis, unspecified,R50.9 - Fever, unspecified,R07.0 - Pain in throat,R12 - Heartburn,R14.3 - Flatulence,R06.2 - Wheezing,E86.0 - Dehydration,E78.2 - Mixed hyperlipidemia,R73.9 - Hyperglycemia, unspecified,K76.0 - Fatty (change of) liver, not elsewhere classified,R30.0 - Dysuria, **Date of Onset** :04/59/2025

Requested Investigations: 87338, IAAD EIA HPYLORI STOOL,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0384-111908-1001, SODIUM CHLORIDE B.P.,96372, THER/PROPH/DIAG INJ SC/IM,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,96365, THER/PROPH/DIAG IV INF INIT,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,80061, LIPID PANEL,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80076, HEPATIC FUNCTION PANEL,81000, URINALYSIS NONAUTO W/SCOPE **Estimated Cost** :

Prescriptions: 1516-151709-0081 - (SIMETHICONE : 42 MG) CHEWABLE TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 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.

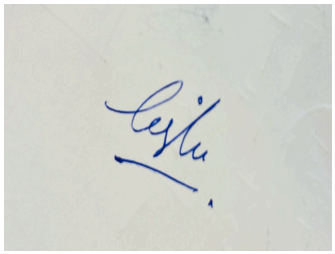
Dr's Name : AISHA

Stamp :

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

Patient 's signature{Parent : if minor}

Date : 04-Aug-2025

Signature : 

Date : 04-Aug-2025