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

Patient Name	: **MUHAMMAD NAVEED BAKHSH ALLAH**	**Service Date**	:**04-Aug-2025**
Card No	: **I035-029-122758939-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **MUHAMMAD NAVEED BAKHSH ALLAH**	**Doctor's Name**	:**AISHA**
Payer Name	: **SALAMA – Islamic Arab Insurance Company**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **28-05-2025** To **27-05-2026**		
Gender	: **Male**		
Date Of Birth	: **10-Mar-1991**		
Patient's Tel No	: **0528990765**		

Network : Green

Direct Access SP - YES

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 high crp 19 complain of high blood pressure **Duration :**

Vitals:

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R52 - Pain, unspecified,R06.2 - Wheezing,R30.0 - Dysuria,R12 - Heartburn, **Date of Onset** :04/04/2025

Requested Investigations: 82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80061, LIPID PANEL,80076, HEPATIC FUNCTION PANEL,81000, URINALYSIS NONAUTO W/SCOPE,0195-107704-0801, CEFTRIAXONE-TABUK IV,96374, THER/PROPH/DIAG INJ IV PUSH,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN), **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

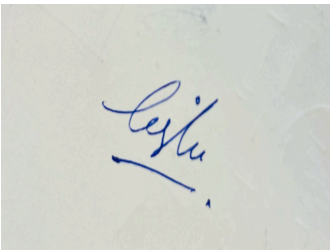
Stamp :

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