## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **Abdul Nasir Farzand Ali** | **Service Date** | :**06-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** | **Co-Insurance** | : |
| **Validity** | : **19-06-2025** To **18-06-2026** | **Remarks** | : |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **09-May-1990** | | |
| **Patient's Tel No** | : **0556560403** | | |

**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 MILD FEVER ,COUGH RUNNY NOSE , HOPC : PT HAS FEVER ,RUNNY NOSE AND COUGH STARTED ONE WEEK BACK . CHEST IS CONGESTED HE HAS H.PYLORI POSITIVE **Duration:**

**Vitals:**Temp : 36.8 Bp :110 Pulse :100 Resp :18

**Clinical Findings:**

**Diagnosis:** J39.9 - Disease of upper respiratory tract, unspecified,R50.9 - Fever, unspecified,R05 - Cough,J30.89 - Other allergic rhinitis,R12 - Heartburn,R14.3 - Flatulence,R06.2 - Wheezing,K27.3 - Acute peptic ulcer, site unsp, w/o hemorrhage or perforation, **Date of Onset** :06/10/2025

**Requested Investigations:** 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,0384-111908-1001, SODIUM CHLORIDE B.P.,96360, HYDRATION IV INFUSION INIT,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,76700, US EXAM ABDOM COMPLETE **Estimated Cost** :

**Prescriptions:** 0070-148901-1171 - (LORATADINE : 5 MG) (PSEUDOEPHEDRINE : 120 MG) TABLETS,0188-135906-2441 - (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,0837-277601-1161 - (OXOMEMAZINE : 0.33 MG/ML) SYRUP,0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,0207-533802-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN),0118-148602-0391 - (CLARITHROMYCIN : 500 MG) FILM COATED TABLETS,0397-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) 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

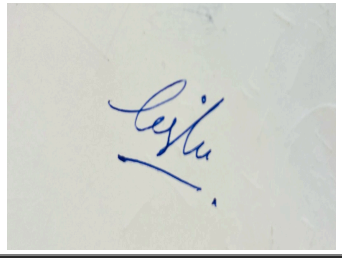
**Stamp :**

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

**Patient 's signature{Parent : if minor}**

**Date :** 06-Aug-2025

**Signature :**



**Date** : 06-Aug-2025