Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MOHAMMAD KABIR HOSSAIN**	**Service Date**	:**12-Aug-2025** **Network** : Green
Card No	: **I040-029-113383335-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **MOHAMMAD KABIR HOSSAIN**	**Doctor's Name**	:**Dr.Farhan Iyas**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	
TPA	: **ECARE-EBP EBP Enhanced CLASIC**	**Remarks**	:
Validity	: **13-01-2025** To **12-01-2026**		
Gender	: **Male**		
Date Of Birth	: **15-Jul-1981**		
Patient's Tel No	: **0508780866**		

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 : chief complaint: came with sore throat, started 3 days back 9/08/25 associated with dry cough, chest congestion, headache and body pain, sneezing. on examination: chest congestion and hyperemia pain scale 4 allergy: nil **Duration:**

Vitals:

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R05 - Cough,R06.7 - Sneezing,R07.0 - Pain in throat,R53.1 - Weakness, **Date of Onset** :12/21/2025

Requested Investigations: 85004, BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 0006-106601-0394 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0397-116207-0391 - (AMOXICILLIN : 500 MG) (CLAVULANIC ACID : 125 MG) FILM COATED TABLETS,0320-148701-1171 - (LORATADINE : 10 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP, **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.

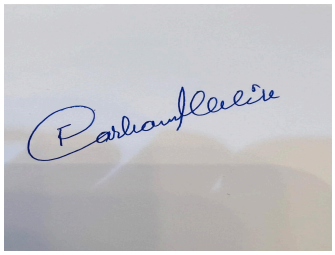
PATIENT'S DECLARATION :

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 :** 12-Aug-2025

Signature :  **Date** : 12-Aug-2025