

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name

MOHAMED MAHMOUD

: ELSAID MOHAMED GHANEM

Card No

MOHAMED MAHMOUD

: I011-029-122888214-01

Policy Holder

MOHAMED MAHMOUD

: ELSAID MOHAMED GHANEM

Payer Name

AL SAGR NATIONAL

: INSURANCE COMPANY

TPA

E CARE - Blue Network

Validity

16-06-2025 To 15-06-2026

Gender

Male

Date Of Birth

31-Jan-1998

Patient's Tel No

0506758990

Service Date

14-Aug-2025

Health Provider

CITICARE MEDICAL CENTER LLC

Doctor's Name

SANDIA

Co-Insurance

Remarks

:

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

: pt has swelling filled fluid started 2 days it was painful before not painful now but sometimes pain, no difficulty on walking started on its own no history of injury, its blister not painful on touch

Duration:

Vitals

:Temp : 36.5 Bp :110 Pulse :78 Resp :18

Clinical Findings:

Diagnosis

: R21 - Rash and other nonspecific skin eruption,R51.9 - Headache, unspecified,R50.9 - Fever, unspecified,

Date of Onset

:14/53/2025

Requested Investigations

: 9, Consultation GP,10061, INCISION&DRAINAGE ABSCESS COMPLICATED/MULTIPLE

Estimated Cost

:

Prescriptions

: 0195-187502-0151 - (BETAMETHASONE : 0.10%) (FUSIDIC ACID : 2%) CREAM,2689-107001-0391 - (PARACETAMOL : 500 MG) (CAFFEINE : 65 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

: SANDIA

Stamp

Dr. Sandia Bhojwani

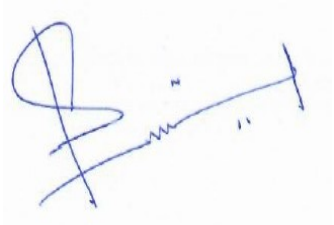
General Practitioner

DHA No: 65900212-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature



Date

: 14-Aug-2025

Patient 's signature{Parent : if minor}



Date

: 14-Aug-2025