Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **SANA FAYYAZ ASHFAQ AHMAD SHAHZAD**	**Service Date**	:**14-Aug-2025** **Network** : Green
Card No	: **I022-029-121571466-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**
Policy Holder	: **SANA FAYYAZ ASHFAQ AHMAD SHAHZAD**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **26-10-2024** To **25-10-2025**		
Gender	: **Female**		
Date Of Birth	: **06-Mar-1983**		
Patient's Tel No	: **0558803738**		

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 : severe headache ,THROAT PAIN ,started just now which is 08 on pian scale associated with nausea and vomitting and fever whicgh is high grade SHOULDER PAIN SCORE 08 CAUING DIFFICULTY IN MOVEMENT o/e : look irritable due to pain febrile with 38 c temp **Duration:**

Vitals: Temp : 36.6 Bp :120 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: R51.9 - Headache, unspecified,J03.90 - Acute tonsillitis, unspecified,R21 - Rash and other nonspecific skin eruption,M25.519 - Pain in unspecified shoulder, **Date of Onset** :14/36/2025

Requested Investigations: 0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,9, Consultation GP **Estimated Cost** :

Prescriptions: 0027-142201-0832 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION, **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 Amaizah **Stamp :**

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Patient 's signature{Parent if minor} : **Date :** 14-Aug-2025

Signature : **Date** : 14-Aug-2025