Administrative MEDICAL CLAIM FORM Claim Ref

Patient Name	: **AREEBA AFTAB MUHAMMAD ALI FAROOQ**	**Service Date**	:**15-Aug-2025** **Network** : Green
Card No	: **I022-029-114383383-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC** **Direct Access SP**
Policy Holder	: **AREEBA AFTAB MUHAMMAD ALI FAROOQ**	**Doctor's Name**	:**DR Amaizah**
Payer Name	: **TAKAFUL EMARAT**	**Co-Insurance**	:
TPA	: **E CARE - Green Network**	**Remarks**	:
Validity	: **09-06-2025** To **08-06-2026**		
Gender	: **Female**		
Date Of Birth	: **19-Mar-1999**		
Patient's Tel No	: **0582937187**		

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATEF
10% max	NIL	NIL	NIL LIMIT	NIL	10%

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : sore throat, bodypain , headache , sneezing , difficulty breathing , cough with sputum low grade fever started 13/08/25 o/e : look pale , lethargic tonsills are swollen chest : wheezin g **Duration:**

Vitals: Temp : 37.4 Bp :84 Pulse :70 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R06.2 - Wheezing,J30.9 - Allergic rhinitis, unspecified,R19.7 - Diarrhea, unspecified,D50.9 - Iron deficiency anemia, unspecified, **Date of Onset**

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, THER/PROPH/DIAG INJ SC/IM,94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,2190-106618-1001, PARAFUSIV,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT **Estimated Cost :**

Prescriptions: 0188-135906-2441 - (BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,1795-502202-1451 - (SPORE OF BACILLUS CLAUSI : 2 BILLION) CAPSULES (HARD GELATIN),6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,0005-107201-0051 - (PARACETAMOL : 325 MG) (PSEUDOEPHEDRINE : 30 MG) CAPLETS,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 :

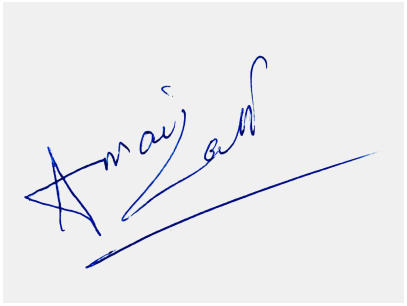
I hereby authorize any Healthca Employer or other organization regarding my medical condition determining insurance benefits.

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} :

Signature :  **Date :** 15-Aug-2025