Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **MUHAMMAD WAQAR IQBAL MUHAMMAD IQBAL**	**Service Date**	**:15-Aug-2025**	**Network**	: Green
Card No	: **I040-029-117640207-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**		**Direct Access SP - YES**
Policy Holder	: **MUHAMMAD WAQAR IQBAL MUHAMMAD IQBAL**	**Doctor's Name**	**:DR Amaizah**		
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **E CARE - Green Network**				
Validity	: **01-10-2024** To **30-09-2025**	**Remarks**	:		
Gender	: **Male**				
Date Of Birth	: **04-Apr-1994**				
Patient's Tel No	: **0501381506**				

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 : pc ; sore throat , bodypain sevre 08 on pain score sneezing ,high grade fever **Duration:** started 14/08/25 loss of appetite , nausea and vomitting cough which is with sputum o/e : hypermic pharynx tonsils are swollen chest is congested

Vitals: Temp : 38.1 Bp :108 Pulse :91 Resp :18

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J45.991 - Cough variant asthma,R50.9 - Fever, unspecified,J03.90 - Acute tonsillitis, unspecified,E86.0 - Dehydration,R06.2 - Wheezing, **Date of Onset** :15/57/2025

Requested Investigations: 0439-152905-1001, LACTATED RINGERS INJECTION USP,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,94640, AIRWAY INHALATION TREATMENT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, THER/PROPH/DIAG IV INF INIT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK IV,9, Consultation GP,0188-135906-2441, PULMICORT,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost :**

Prescriptions: 0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0005-107201-0051 - (PARACETAMOL : 325 MG) (PSEUDOEPHEDRINE : 30 MG) CAPLETS,6705-602505-3801 - (HYDROXYPROPYLMETHYLCELLULOSE : 150 MG/ 30ML) SPRAY SOLUTION,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,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.

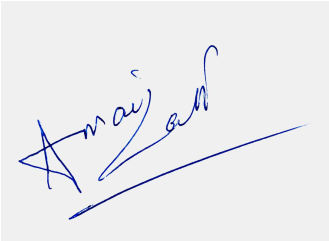
PATIENT'S DECLARATION :

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 : 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 :** 15-Aug-2025

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