Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ALI ISMAIL ABBOUD**	**Service Date**	**:10-Sep-2024**
Card No	**: I022-029-120838063-01**	**Health Provider**	**:CITICARE MEDICAL CENTER LLC**
Policy Holder	**: ALI ISMAIL ABBOUD**	**Doctor's Name**	**:Humaira**
Payer Name	**: TAKAFUL EMARAT**	**Co-Insurance**	**:**
TPA	**: E CARE - Green Network**	**Remarks**	**:**
Validity	**: 13-05-2024 To 13-05-2025**		
Gender	**: Male**		
Date Of Birth	**: 15-Jan-1989**		
Patient's Tel No	**: 0506011301**		

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 : co fever on and off running nose cough prulant 3rd sep. 2024 oe chest is wheezing restless smoker alcohol **Duration:**

Vitals: Temp : 36.9 Bp :127 Pulse :87 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,J06.9 - Acute upper respiratory infection, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding, **Date of Onset** :10/11/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,0195-107704-0802, CEFTRIAXONE-TABUK IM,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96372, THER/PROPH/DIAG INJ SC/IM,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,94640, AIRWAY INHALATION TREATMENT,INJ051, INJ-HYDROCORTISONE 100 MG/2ML,96374, INJECTION SERVICE-IV,0195-107704-0801, CEFTRIAXONE-TABUK IV,9, Consultation GP **Estimated Cost :**

Prescriptions: 0252-179601-1161 - (AMMONIUM CHLORIDE : N/A) (MENTHOL : N/A) (DIPHENHYDRAMINE : 14 MG/5 ML) SYRUP,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 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 : Humaira

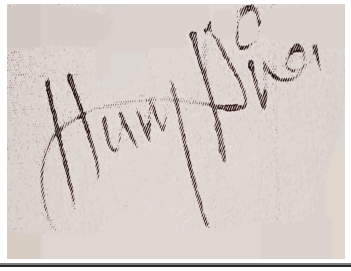
Stamp :

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 10-Sep-2024

Signature :



Date : 10-Sep-2024