## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | |
|---|---|
| **Patient Name** | **: FANTA MEBOR** |
| **Card No** | **: I005-029-118842223-01** |
| **Policy Holder** | **: FANTA MEBOR** |
| **Payer Name** | **: DUBAI INSURANCE COMPANY** |
| **TPA** | **: E CARE - Blue Network** |
| **Validity** | **: 13-05-2024** To **12-05-2025** |
| **Gender** | **: Female** |
| **Date Of Birth** | **: 10-Mar-1997** |
| **Patient's Tel No** | **: 0522288025** |

**Service Date** **:19-Sep-2024** **Network** : Green

**Health Provider** **:CITICARE MEDICAL CENTER LLC** **Direct Access SP - YES**

**Doctor's Name** **:Humaira**

**Co-Insurance** :

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% | NA |

**Remarks** :

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

**Chief Complaints :** co watery discharge from the vagina fever on and off productive cough headache nasal blockage13th sep. 2024 oe enlarge tonsills chest is congested no added sounds restless smoker **Duration:**

**Vitals:**Temp : 37 Bp :117 Pulse :86 Resp :18

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R05 - Cough,K29.00 - Acute gastritis without bleeding,J30.9 - Allergic rhinitis, unspecified,N89.9 - Noninflammatory disorder of vagina, unspecified, **Date of Onset** :19/36/2024

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

**Prescriptions:** 0096-140502-1242 - (CLOTRIMAZOLE : 100 MG) VAGINAL TABLETS,0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE),0005-119805-1172 - (PREDNISOLONE : 5 MG) TABLETS,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN),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

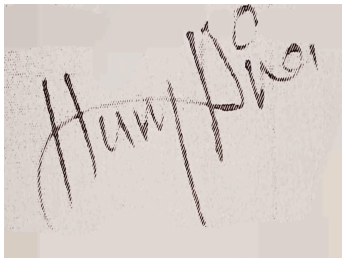
**Stamp :**

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

**Patient 's signature{Parent if minor}** :

**Date** : 19-Sep-2024

**Signature :**



**Date** : 19-Sep-2024