Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ABHISHEK SHRESTHA . SHRESTHA**
Card No	: **I040-029-120481043-01**
Policy Holder	: **ABHISHEK SHRESTHA . SHRESTHA**
Payer Name	: **UNION INSURANCE COMPANY**
TPA	: **E CARE - Blue Network**
Validity	: **02-01-2024** To **01-01-2025**
Gender	: **Male**
Date Of Birth	: **25-Jun-1997**
Patient's Tel No	: **0545624507**

Service Date :**09-May-2024** **Network** : Green

Health Provider :**Irham Medical Center Arjan** **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 cold prulant cough fever bodyache headache 4 days oe chest is congested **Duration:** no added sounds advised two days rest

Vitals: Temp : 37.1 Bp :146 Pulse :77 Resp :20

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R05 - Cough, **Date of Onset** :09/23/2024

Requested Investigations: 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,80069, RENAL FUNCTION PANEL,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 0207-379202-1171 - (AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS,0097-393801-2471 - (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE),0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0139-116206-1171 - (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 : Humaira

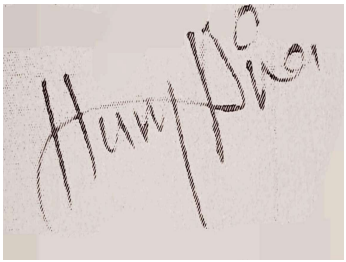
Stamp :

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

Patient 's signature{Parent if minor} :

Date : 09-May-2024

Signature :



Date : 09-May-2024