Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SARITA NEUPANE**
Card No	**: I040-029-120704971-01**
Policy Holder	**: SARITA NEUPANE**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Female**
Date Of Birth	**: 27-Sep-2001**
Patient's Tel No	**: 0501327955**

Service Date **:14-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 nail cut with sccizer 1 day oe bleed and 4 cm cut deep chest is clear no addded sounds **Duration:**

Vitals: Temp : 36.5 Bp :107 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: R52 - Pain, unspecified,S61.224S - Laceration w fb of r rng fngr w/o damage to nail, sequela,S65.510A - Laceration of blood vessel of right index finger, init, **Date of Onset** **:**14/46/2024

Requested Investigations: 9, Consultation GP,51.01, Non-surgical cleansing with surgical dressing 16 sq inches / 100 sq centimeters or less **Estimated Cost** **:**

Prescriptions: 0281-128401-0152 - (FUSIDIC ACID : 2%) CREAM,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,6076-482003-0392 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 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.

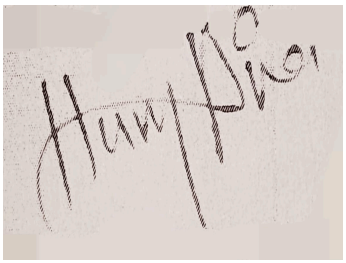
PATIENT'S DECLARATION :

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
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} **:** **Date :** 14-May-2024

Signature :  **Date** **:** 14-May-2024