

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : AGGREY ONYANGO
Card No : I040-029-116125957-01
Policy Holder : AGGREY ONYANGO
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Green Network
Validity : 01-01-2024 To 31-12-2024
Gender : Male
Date Of Birth : 12-Nov-1983
Patient's Tel No : 0543892858

Service Date :23-May-2024
Health Provider :Irham Medical Center Arjan
Doctor's Name :Humaira

Network : Green
Direct Access SP - YES

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 : Weakness, fever, pain in throat on swallowing. No cough, no nasal congestion.

Duration:

Vitals:

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R09.81 - Nasal congestion, Date of Onset :23/10/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions:

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 :

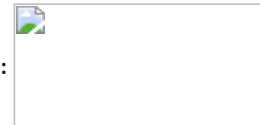
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

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}



23-
Date : May-
2024

Signature :

Date : 23-May-2024