# Administrative MEDICAL CLAIM FORM Claim Ref:

| | |
|---|---|
| **Patient Name** | **: MEVAN DILSHAN PEIRIS BADDE LIYANAGE DON** |
| **Card No** | **: I040-029-118251299-01** |
| **Policy Holder** | **: MEVAN DILSHAN PEIRIS BADDE LIYANAGE DON** |
| **Payer Name** | **: UNION INSURANCE COMPANY** |
| **TPA** | **: E CARE - Blue Network** |
| **Validity** | **: 02-01-2024** To **01-01-2025** |
| **Gender** | **: Male** |
| **Date Of Birth** | **: 14-Jul-1995** |
| **Patient's Tel No** | **: 0526048378** |

**Service Date:03-Jun-2024** **Network** : Green

**Health Provider** **:Irham Medical Center Arjan** **Direct Access SP - YES**

**Doctor's Name** **:Enomen Goodluck**

**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 :** PC: Left lumbar pain Duration/onset: 28/05/2024 (5days) HPC: pain waxes and wanes (colicky in nature) and has been recurrent. Began again today with much severity thus neccessitating his presentation. There is no fever and he has no irritative symptoms. Past Medical History: Has no history of similar condition in the past, not hypertensive and not diabetic. Has no other chronic medical condition. Family history: not relevant Social history: smoke tobacco of 4 sticks per day, takes alcohol once weekly Review with investigation reports tomorrow. **Duration:**

**Vitals:**Temp : 37.2 Bp :137 Pulse :82 Resp :18

**Clinical Findings:**

**Diagnosis:** N20.2 - Calculus of kidney with calculus of ureter,R52 - Pain, unspecified,N39.0 - Urinary tract infection, site not specified, **Date of Onset** :03/52/2024

**Requested Investigations:** 81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,9, Consultation GP **Estimated Cost** :

**Prescriptions:** 0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0006-106601-0394 - (PARACETAMOL : 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** : Enomen Goodluck **Stamp :**


**Patient 's signature{Parent if minor}** : **Date** : 03-Jun-2024

**Signature :** **Date** : 03-Jun-2024