

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ABDUL GHAFFAR MUNIR AHMAD
Card No : I040-029-120695866-01
Policy Holder : ABDUL GHAFFAR MUNIR AHMAD
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 30-03-2024 To 29-03-2025
Gender : Male
Date Of Birth : 22-Apr-1977
Patient's Tel No : 0582760221

Service Date : 08-Jun-2024
Health Provider : Irham Medical Center Arjan
Doctor's Name : Enomen Goodluck
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute ☐ Pre-existing and chronic ☐ Maternity

Chief Complaints : PC: Bilateral swollen legs and abdominal distension. Exam: pitting pedal edema upto kneel joint. Plan: Refer to specialist internal medicine. Duration:

Vitals: Temp : 37 Bp :150 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: I50.33 - Acute on chronic diastolic (congestive) heart failure, K76.9 - Liver disease, unspecified, R60.9 - Edema, unspecified, Date of Onset : 08/10/2024

Requested Investigations: 9, CONSULTATION GP,9, Consultation GP,82947-1, GRBS Estimated Cost :

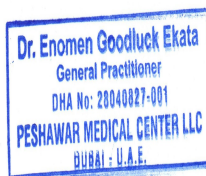
Prescriptions: Estimated Cost :

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.

Dr's Name : Enomen Goodluck

Stamp :



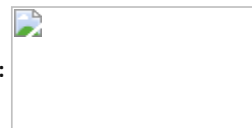
Signature :

Date : 08-Jun-2024

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.

Patient's signature {Parent : if minor}



08-
Date : Jun-
2024