

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CAROLYNE WANJIRU . KURIA

Card No : I040-029-120035872-01

Policy Holder : CAROLYNE WANJIRU . KURIA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2024 To 01-01-2025

Gender : Female

Date Of Birth : 24-Apr-1993

Patient's Tel No : 0557702590

Service Date :13-Jun-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance :

Remarks :

Network : Green

Direct Access SP - YES

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

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Injury to the little finger of the left hand. Said to have been crushed between the metal pole and spoke of an umbrella while trying to close it. Exam: degloving injury of the distal 3rd of the little finger.

Vitals:Temp : 36.4 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: S67.197A - Crushing injury of left little finger, initial encounter,G89.11 - Acute pain due to trauma, Date of Onset :13/12/2024

Requested Investigations: 51.02, Non-surgical cleansing with surgical dressing between 16 sq inches / 100 sq centimeters and 48 sq inches / 300 sq centimeters,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.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 13-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}



13-Jun-2024