

Administrative

Patient Name : MD . ALOMGIR

Card No : I040-029-120327297-01

Policy Holder : MD . ALOMGIR

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 01-Jan-1999

Patient's Tel No : 0543772098

Service Date :13-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

Remarks :

Network : Green

Direct Access SP - YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : PC: hypopigmented circular patches on the skin. Duration: 2months (13/04/2024).

Duration:

Vitals:Temp : 36.9 Bp :120 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: L30.9 - Dermatitis, unspecified,L80 - Vitiligo,

Date of Onset : 13/56/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0031-124403-0151 - (MOMETASONE FUROATE : 0.1%) CREAM,

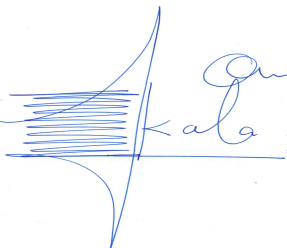
Estimated Cost :

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 :

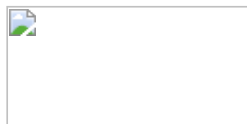
Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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-
Date : Jun-
2024