

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MERCY NJERI . MUIRURI

Card No : I040-029-120879885-01

Policy Holder : MERCY NJERI . MUIRURI

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Female

Date Of Birth : 19-Aug-1989

Patient's Tel No : 0557921056

Service Date :21-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 : PC: missed period 7weeks. Usually menstruates for 5days in a regular cycle Duration: of 28days.

Vitals:Temp : 37.3 Bp :131 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: N91.2 - Amenorrhea, unspecified,R10.30 - Lower abdominal pain, unspecified, Date of Onset :21/02/2024

Requested Investigations: 84704, HCG FREE BETACHAIN TEST,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: 20040027-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :

Date : 21-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}

Date : Jun-2024