

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

Network : Green
Direct Access SP - YES

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

Co-Insurance :
Remarks :

☐ 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: Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

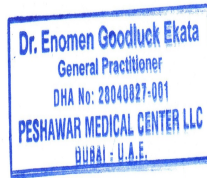
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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}



21-
Date : Jun-
2024

Signature :

Date : 21-Jun-2024