Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: LAKAI MITRA JATINDRA MITRA MITRA**
Card No	**: I040-029-113719086-01**
Policy Holder	**: LAKAI MITRA JATINDRA MITRA MITRA**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024 To 01-01-2025**
Gender	**: Male**
Date Of Birth	**: 05-Mar-1982**
Patient's Tel No	**: 508842935**

Service Date :22-Jun-2024 **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

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 :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : Pain on both shoulders, Duration: 1month. also recurrent history of weakness and easy fatiguability. Has a history of trauma to the right shoulder as he fell from height one month ago. **Duration:**

Vitals: Temp : 36.7 Bp :112 Pulse :77 Resp :18

Clinical Findings:

Diagnosis: E55.9 - Vitamin D deficiency, unspecified,M25.512 - Pain in left shoulder,M25.511 - Pain in right shoulder,R53.1 - Weakness, **Date of Onset** :22/45/2024

Requested Investigations: 101, GENARAL WELNES CHECKUP (55 TEST),9, Consultation GP **Estimated Cost :**

Prescriptions: 0426-160701-2541 - (METHYL SALICYLATE : N/A) (HYDROXYETHYL SALICYLATE : N/A) (ETHYL SALICYLATE : N/A) (METHYL NICOTINATE : N/A) TOPICAL AEROSOL SPRAY,0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS, **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 :**

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

Patient 's signature{Parent if minor} : **Date** : 22-Jun-2024

Signature : **Date** : 22-Jun-2024