

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : SARITA NEUPANE

Card No : I040-029-120704971-01

Policy Holder : SARITA NEUPANE

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2025 To 01-01-2026

Gender : Female

Date Of Birth : 27-Sep-2001

Patient's Tel No : 0501327955

Service Date :19-Jan-2025

Health Provider :CITICARE MEDICAL CENTER LLC

Doctor's Name :SANDIA

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 : throat pain , dru cough , body ache , for 5 days no other med conditions **Duration:**
o/e : swollen tonsils

Vitals:Temp : 36 Bp :119 Pulse :71 Resp :18

Clinical Findings:

Diagnosis: J03.90 - Acute tonsillitis, unspecified,R05 - Cough, **Date of Onset** : 25/03/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC **Estimated :**
COUNT,86140, C REACTIVE PROTEIN,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM **Cost**
IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML)
SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,96374, THER/PROPH/DIAG INJ IV
PUSH,9, Consultation GP

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED **Estimated :**
TABLETS,0005-107101-0051 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 325 MG) **Cost**
CAPLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG TABLETS,0397-116207-0391 - (AMOXICILLIN :
500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS,

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** : SANDIA

Stamp :



**Patient 's
signature{Parent :
if minor}**



Date : 25-
Jan-2025

Signature :

A handwritten signature in blue ink, appearing to be "SANDIA", written over a light blue grid background.

Date : 25-Jan-2025