

## Administrative

## MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NISAL GURUNG  
Card No : I040-029-121353783-01  
Policy Holder : NISAL GURUNG  
Payer Name : UNION INSURANCE COMPANY  
TPA : E CARE - Blue Network  
Validity : 02-01-2025 To 01-01-2026  
Gender : Male  
Date Of Birth : 28-Feb-1989  
Patient's Tel No : 0509869230

Service Date :16-Jun-2025  
Health Provider :CITICARE MEDICAL CENTER LLC  
Doctor's Name :AISHA

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 :

|                                |                                                   |                                    |
|--------------------------------|---------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Pre-existing and chronic | <input type="checkbox"/> Maternity |
|--------------------------------|---------------------------------------------------|------------------------------------|

**Chief Complaints :** pc; cyst on conjunctiva hopc: pt came with both eye small painless conjunctival cyst that he noticed one week back .he work in the kitchen o/e its transparent very small in size cyst on both conjunctiva he has a history of itchy and dry eyes . he is using power glasses . allergy :none pmh:none  
**Duration:**

**Vitals:**Temp : 36.2 Bp :120 Pulse :72 Resp :18

**Clinical Findings:**

**Diagnosis:** H11.449 - Conjunctival cysts, unspecified eye,H04.123 - Dry eye syndrome of bilateral lacrimal glands, **Date of Onset:**16/43/2025

**Estimated Cost :**

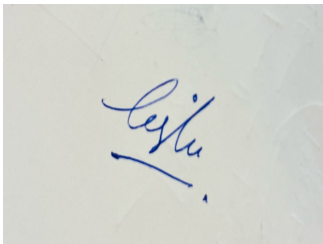
**Requested Investigations:** 9, Consultation GP

**Prescriptions:** 1312-377901-0371 - (POLYETHYLENE GLYCOL 400 : 4 MG/ML) (PROPYLENE GLYCOL : 3 MG/ML) EYE DROPS, **Estimated Cost :**

|                                                                                                                                                                                      |                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICAL PRACTITIONER DECLARATION :</b><br>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. | <b>PATIENT'S DECLARATION :</b><br>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. |
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Dr's Name : AISHA

Stamp :  


Signature : 

Date : 16-Jun-2025

Patient 's signature{Parent : if minor}



Date : Jun-2025