

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : PONWEERA ARACHIGE
Card No : KASUN NAWANJANA PERERA
Policy Holder : I040-029-122554762-01
Payer Name : PONWEERA ARACHIGE
TPA : KASUN NAWANJANA PERERA
Validity : UNION INSURANCE COMPANY
Gender : E CARE - Blue Network
Date Of Birth : 15-04-2025 To 01-01-2026
Patient's Tel No : Male
Service Date : 19-Jul-2025
Health Provider : Network : Green
Doctor's Name : CITICARE MEDICAL CENTER LLC
Co-Insurance : Direct Access SP - YES
Remarks :

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 fever,headache,bodypain,running nose HOPC pt presented with complaints of fever associated with headache,bodypain and running nose since 2 days O\E Chest clear Tonsils normal No history of drug allergy Nil comorbs

Duration:

Vitals:Temp : 36 Bp :114 Pulse :84 Resp :18

Clinical Findings:

Diagnosis: R50.9 - Fever, unspecified,R52 - Pain, unspecified,R51.9 - Headache, unspecified,J30.9 - Allergic rhinitis, **Date of Onset** :19/09/2025 unspecified,

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) **Estimated** : SOLUTION FOR INJECTION,0005-111805-1021, CHLOROHISTOL INJECTION,9, Consultation GP,96372, **Cost** THER/PROPH/DIAG INJ SC/IM

Prescriptions: 2689-107001-0391 - (PARACETAMOL : 500 MG) (CAFFEINE : 65 MG) FILM COATED TABLETS,0205-290301-0391 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED 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 :

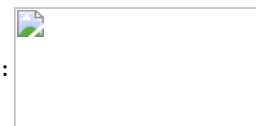
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : KEERTHANA

Stamp :

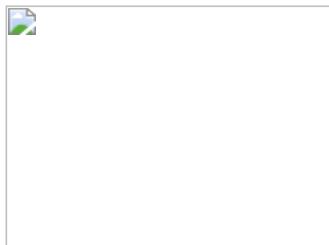


Patient 's signature{Parent : if minor}



Date : 19-Jul-2025

Signature :



Date : 19-Jul-2025