Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **UZEF IRFAN NAIK IRFAN LATIF NAIK**	**Service Date**	**:22-Oct-2023**
Card No	: **I040-029-119531270-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **UZEF IRFAN NAIK IRFAN LATIF NAIK**	**Doctor's Name**	**:Sajid Sanaullah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance:**	
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2023** To **01-01-2024**		
Gender	: **Male**		
Date Of Birth	: **30-Jul-2001**		
Patient's Tel No	: **0568482762**		

Network : Green

Direct Access SP - YES

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 : High fever and sore throat and high fever since two days back started on 19/10/2023 severe cough and wheezing and respiratory difficulty started also **Duration:**

Vitals: Temp : 39.4 Bp :110 Pulse :108 Resp :24

Clinical Findings:

Diagnosis: J18.0 - Bronchopneumonia, unspecified organism,R50.9 - Fever, unspecified,R68.83 - Chills (without fever),J02.9 - Acute pharyngitis, unspecified,R06.03 - Acute respiratory distress, **Date of Onset** :22/23/2023

Requested Investigations: 2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,0005-111805-1021, CHLOROHISTOL 10MG,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85651, SEDIMENTATION RATE RBC NON AUTOMATED,9, Consultation GP **Estimated Cost** :

Prescriptions: 0102-124501-1171 - (SALBUTAMOL : 4 MG) TABLETS,0005-116801-1161 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,4179-711202-0391 - (IBUPROFEN (AS L-ARGININE SALT) : 400 MG) FILM COATED TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 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 : Sajid Sanaullah

Stamp :

Patient 's signature{Parent : if minor}

Date : 22-Oct-2023

Signature :

Date : 22-Oct-2023