

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : LAXMI NARAIN BRIJ RAJ PANDEY
Card No : I005-029-11588506-01
Policy Holder : LAXMI NARAIN BRIJ RAJ PANDEY
Payer Name : DUBAI INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 25-08-2023 To 24-08-2024
Gender : Male
Date Of Birth : 11-Aug-1965
Patient's Tel No : 0555756569

Service Date : 23-Oct-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah

Network : Green
Direct Access SP - YES

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 : O/E Mild pallor, c/o Pain in right shoulder and low back pain for 5 days pain in calf muscles for 1 month tiredness, weakness one month Acidity, nausea

Vitals: Temp : 37 Bp :140 Pulse :92 Resp :18

Clinical Findings:

Diagnosis: M54.5 - Low back pain, M54.9 - Dorsalgia, unspecified, D64.9 - Anemia, unspecified, E55.9 - Vitamin D deficiency, unspecified, K29.00 - Acute gastritis without bleeding,
 Date of Onset : 23/41/2023

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT, 0005-149902-1021, CLOFEN - (DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION, 9, Consultation GP
 Estimated Cost :

Prescriptions: 0069-106204-1171 - (MULTIVITAMINS : 600 MG) (MINERALS : 600 MG) TABLETS, 0541-180401-0431 - (KETOPROFEN : 2.5%) GEL, 1394-143701-1453 - (CELECOXIB : 200 MG) CAPSULES (HARD GELATIN),
 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 :

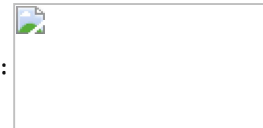
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature {Parent : if minor}



Date : 23-Oct-2023

Signature :

Date : 23-Oct-2023