## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **Fariya Bashir Muhammad Bashir** | **Service Date** | **:24-Oct-2023** |
| **Card No** | : **I040-029-113718995-01** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | : **Fariya Bashir Muhammad Bashir** | **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** | : **Female** | | |
| **Date Of Birth** | : **10-Jun-1985** | | |
| **Patient's Tel No** | : **0528762499** | | |

**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 :** Severe cough and barking cough since three days and used medicines without any improvement since 20/10/2023 even the cough increased in intensity **Duration:**

**Vitals:**Temp : 37 Bp :90 Pulse :88 Resp :26

**Clinical Findings:**

**Diagnosis:** J18.0 - Bronchopneumonia, unspecified organism,J01.00 - Acute maxillary sinusitis, unspecified,R06.2 - Wheezing, **Date of Onset** :24/31/2023

**Requested Investigations:** 0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,96374, THER/PROPH/DIAG INJ IV PUSH,96360, HYDRATION IV INFUSION INIT,94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,0188-135906-2441, PULMICORT **Estimated Cost** :

**Prescriptions:** 0015-101502-0271 - (ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS,0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),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 :** 24-Oct-2023

**Signature :**

**Date** : 24-Oct-2023