

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : RAMESH CHANDRA PATIDAR
Card No : I040-029-113722477-01

Policy Holder : RAMESH CHANDRA PATIDAR

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2023 To 01-01-2024

Gender : Male

Date Of Birth : 15-Jul-1978

Patient's Tel No : 0589960976

Service Date : 27-Oct-2023

Health Provider : Irham Medical Center Arjan

Doctor's Name : Sajid Sanaullah

Network : Green

Direct Access SP - YES

Co-Insurance :

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 : Severe abdominal pain and history of GER and gastritis since two months started since 1/6/2023 history of hypertension since six months Duration:

Vitals:Temp : 37 Bp :150 Pulse :100 Resp :0

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,K29.40 - Chronic atrophic gastritis without bleeding,R05 - Cough,R06.2 - Wheezing, Date of Onset : 27/12/2023

Requested Investigations: 94640, AIRWAY INHALATION TREATMENT,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,9, Consultation GP

Estimated Cost :

Prescriptions: 0669-242802-3261 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) DELAYED RELEASE TABLET,0005-116801-1162 - (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP,0013-115901-1171 - (AMLODIPINE : 10 MG) TABLETS,0503-166103-0391 - (VALSARTAN : 160 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 :

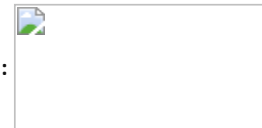
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



27-
Date : Oct-
2023

Signature :

Date : 27-Oct-2023