Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **RAMESH CHANDRA PATIDAR**	**Service Date**	:**27-Oct-2023**
Card No	: **I040-029-113722477-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **RAMESH CHANDRA PATIDAR**	**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	: **15-Jul-1978**		
Patient's Tel No	: **0589960976**		

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 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} :

Date : 27-Oct-2023

Signature :

Date : 27-Oct-2023