Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **MANIKANDAN MARIAPPAN MARIAPPAN**	**Service Date**	:**28-Oct-2023**
Card No	: **I040-029-113722474-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **MANIKANDAN MARIAPPAN MARIAPPAN**	**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	: **05-Oct-1992**		
Patient's Tel No	: **0528231211**		

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 body pain and severe sore throat since two days started on 26/10/2023 **Duration:**

Vitals: Temp : 38 Bp :100 Pulse :88 Resp :24

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R05 - Cough,R07.0 - Pain in throat,J20.9 - Acute bronchitis, unspecified, **Date of Onset** :28/14/2023

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

Prescriptions: 0788-106705-1171 - (CHLORPHENIRAMINE MALEATE : 2 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) TABLETS,0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),0097-116206-0391 - (AMOXICILLIN : 875 MG) (CLAVULANIC ACID : 125 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 : 28-Oct-2023

Signature :

Date : 28-Oct-2023