Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **LAKAI MITRA JATINDRA MITRA MITRA**	**Service Date**	:**29-Oct-2023**
Card No	: **I040-029-113719086-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **LAKAI MITRA JATINDRA MITRA MITRA**	**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-Mar-1982**		
Patient's Tel No	: **508842935**		

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 : A known diabetic diagnosed over 3years ago, but currently not on medications, as he did not think it was neccessary. Previous oral hypoglycemic used: Metformin, fenofibrate, and pioglitazone. Has multiple histories of hyperglycemia and poorly controlled glycemia., severe hemorrhagic conjunctivitis since today morning 28/10/2023 history of type II diabetes history of vision disturbances **Duration:**

Vitals: Temp : 36 Bp :110 Pulse :78 Resp :20

Clinical Findings:

Diagnosis: E11.9 - Type 2 diabetes mellitus without complications,H11.31 - Conjunctival hemorrhage, right eye, **Date of Onset :**29/13/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,85610, PROTHROMBIN TIME,82948, REAGENT STRIP/BLOOD GLUCOSE,83036, HEMOGLOBIN GLYCOSYLATED A1C **Estimated Cost** :

Prescriptions: **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 : 29-Oct-2023

Signature :

Date : 29-Oct-2023