

Administrative

Patient Name

LAKAI MITRA JATINDRA

MITRA MITRA

Card No

: I040-029-113719086-01

Policy Holder

LAKAI MITRA JATINDRA

MITRA MITRA

Payer Name

UNION INSURANCE COMPANY

TPA

: E CARE - Blue Network

Validity

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

Gender

: Male

Date Of Birth

: 05-Mar-1982

Patient's Tel No

: 508842935

MEDICAL CLAIM FORM

Service Date

:29-Oct-2023

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks

:

Claim Ref:

Network

: Green

Direct Access SP - YES

☐ 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:

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

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

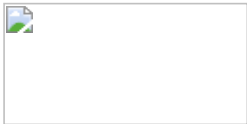
Signature



Date

: 29-Oct-2023

Patient 's signature{Parent : if minor}



Date

: 29-Oct-2023

https://irhamc.visionsoftw ares.ae/mr_ecare_claim_print.aspx?appld=42472&patId=25124

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