

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : REZA

Card No : I040-029-117763280-01

Policy Holder : REZA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Male

Date Of Birth : 09-May-1996

Patient's Tel No : 0582915218

Service Date :31-Oct-2023

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance :

Remarks :

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 : C/o: Pain in throat, nasal congestion, fever and cough. Duration :

Vitals:Temp : 37.7 Bp :110 Pulse :90 Resp :24

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,J00 - Acute nasopharyngitis [common cold],R50.9 - Fever, unspecified,R09.81 - Nasal congestion,R06.7 - Sneezing,R05 - Cough, Date of Onset :31/18/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO Estimated :
DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,0005- Cost
149902-1021, CLOFEN

Prescriptions: 0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) Estimated :
(PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,2027-560101-0392 - (IBUPROFEN : 150 MG) Cost
(PARACETAMOL : 500 MG) FILM COATED TABLETS,

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.

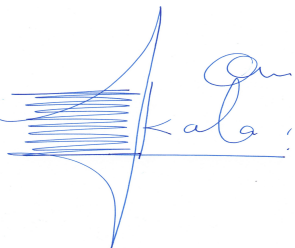
PATIENT'S DECLARATION :
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature :



Date : 31-Oct-2023

Patient 's signature(Parent : if minor)



31-
Date : Oct-
2023