

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : LIEZEL SUICO DESABILLE

Card No : I040-029-113719145-01

Policy Holder : LIEZEL SUICO DESABILLE

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

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

Gender : Female

Date Of Birth : 19-Oct-1974

Patient's Tel No : 0567312820

Service Date :04-Nov-2023

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Network : Green

Direct Access SP - YES

Co-Insurance :

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

Remarks :

☐ Acute☐ Pre-existing and chronic☐ Maternity

Chief Complaints : C/o: Dry coughing since 1week. Also has pain in throat, and nasal congestion. Has upper abdominal pain and, bloating. Known diabetics.

Duration:

Vitals:Temp : 37 Bp :128 Pulse :76 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,J22 - Unspecified acute lower respiratory infection,R05 - Cough,R10.10 - Upper abdominal pain, unspecified,R14.0 - Abdominal distension (gaseous),

Date of Onset :04/20/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN

Estimated Cost :

Prescriptions: 0005-114501-2481 - (AMBROXOL : 15 MG/5ML) SYRUP (SUGAR FREE),0265-150407-1171 - (METOCLOPRAMIDE : 10 MG) TABLETS,0188-232402-0391 - (ESOMEPRazole : 20 MG) FILM COATED TABLETS,6603-947301-0061 - (ACTIVATED WOOD CHARCOAL : 250 MG) (SIMETHICONE : 80 MG) CAPSULES,

Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

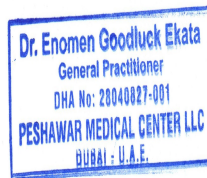
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



04-Date : Nov-2023

Signature :

Date : 04-Nov-2023