Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SEKH ESTYAK ALI SEKH AKTHAR ALI**
Card No	**: I040-029-118843245-01**
Policy Holder	**: SEKH ESTYAK ALI SEKH AKTHAR ALI**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2023** To **01-01-2024**
Gender	**: Male**
Date Of Birth	**: 20-Dec-1992**
Patient's Tel No	**: 0528452339**

Service Date **:05-Nov-2023** **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Enomen Goodluck**

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 : Still C/o; fever, headache, upper abdominal pain and 7 episodes of diarrhea Pain is worse after a meal, radiates to the back with associated belching, flatulence, bloating and diarrhea. Had previously presented 5days ago and was managed as a case of acute upper respiratory infection and given medications including NSAID. NSAID induced gastritis suspected. **Duration:**

Vitals: Temp : 36.7 Bp :110 Pulse :90 Resp :24

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,R19.7 - Diarrhea, unspecified,R14.0 - Abdominal distension (gaseous), **Date of Onset** :05/00/2023

Requested Investigations: 9.01, Follow Up Consultation GP,96360, HYDRATION IV INFUSION INIT,0102-152902-1001, LACTATED RINGERS INJECTION USP-(CALCIUM CHLORIDE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION,0005-242802-0781, PANTONIX 40MG I.V.,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION **Estimated Cost** :

Prescriptions: 0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC 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 : Enomen Goodluck **Stamp :**

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

Patient 's signature{Parent if minor} : **Date** : 05-Nov-2023

Signature : **Date** : 05-Nov-2023