Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **ANJALI PRABHAKARAN ASHOK KUMAR NAIR**	**Service Date**	**:06-Nov-2023**	**Network**	**:** Green
Card No	: **I040-029-119827245-01**	**Health Provider**	**:Irham Medical Center Arjan**	**Direct Access SP - YES**	
Policy Holder	: **ANJALI PRABHAKARAN ASHOK KUMAR NAIR**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:		
TPA	: **E CARE - Blue Network**				
Validity	: **11-09-2023** To **01-01-2024**	**Remarks**	:		
Gender	: **Female**				
Date Of Birth	: **09-Jul-1991**				
Patient's Tel No	: **+918980971246**				

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: Abdominal pain for the past 2 days was of gradual onset but character is poorly described. it is said to be constant (not colicky). This pain is not related to meals although she has a long standing history of gastritis. Had a single episode of vomiting yesterday, but has no diarrhea. There associated intermittent fever (had fever yesterday), has associated PV discharge that is fowl smelling. No urinary symptoms, LMP: 12th october, 2023. Also C/o: cough and nasal congestion which started yesterday. Abdominal exam: Marked tenderness at the lower abdomen (RIF, suprapubic and LIF), also marked tenderness over the epigastrium. Ultrasound scan of the abdomen and pelvis is advised. **Duration:**

Vitals: Temp : 36.5 Bp :100 Pulse :90 Resp :24

Clinical Findings:

Diagnosis: N73.9 - Female pelvic inflammatory disease, unspecified,R10.30 - Lower abdominal pain, unspecified,N89.9 - Noninflammatory disorder of vagina, unspecified,K29.00 - Acute gastritis without bleeding,J00 - Acute nasopharyngitis [common cold],R05 - Cough, **Date of Onset** :06/58/2023

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,2190-106618-1001, PARAFUSIV,0195-107704-0801, CEFTRIAXONE-TABUK IV,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0005-136504-1021, SCOPINAL **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.

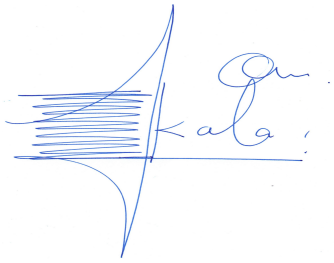
PATIENT'S DECLARATION :

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 : Enomen Goodluck **Stamp :**

Patient 's signature{Parent : if minor}

Date : 06-Nov-2023

Signature :  **Date :** 06-Nov-2023