Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: CHAMARA LAKMAL SRI RANAWAKA RANAWAKA ARACHCHIGE**
Card No	**: I040-029-118249220-01**
Policy Holder	**: CHAMARA LAKMAL SRI RANAWAKA RANAWAKA ARACHCHIGE**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2023** To **01-01-2024**
Gender	**: Male**
Date Of Birth	**: 16-Sep-1995**
Patient's Tel No	**: 0544998349**

Service Date **:09-Nov-2023** **Network** : Green

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

Doctor's Name **:Dr.Rashmi Mosale**

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 : fever, dizziness and body ache since morning not able to get up because of dizziness o/e- alert, throat congested BP-144/109 syst exam- NAD adviced rest for 1 day review for BP measurement **Duration:**

Vitals: Temp : 36.8 Bp :144 Pulse :85 Resp :22

Clinical Findings:

Diagnosis: J06.9 - Acute upper respiratory infection, unspecified,R50.9 - Fever, unspecified,R42 - Dizziness and giddiness,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, **Date of Onset** :09/22/2023

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0006-107103-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0097-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS,2118-290301-0392 - (LEVOCETIRIZINE (DIHCL OR HCL) : 5 MG) FILM COATED TABLETS,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM 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 : Dr.Rashmi Mosale

Stamp :

Dr. Rashmi Keshava Murthy Mosale
General Practitioner
DHA No: 00230994-003
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 09-Nov-2023

Signature :

Date : 09-Nov-2023