Administrative MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: ANJALI PRABHAKARAN ASHOK KUMAR NAIR	Service Date	:09-Nov-2023
Card No	: I040-029-119827245-01	Health Provider	:Irham Medical Center Arjan
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	: Enter Any Text
Gender	: Female		
Date Of Birth	: 09-Jul-1991		
Patient's Tel No	: +918980971246		

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 on the left lumbal region Associated nausea, vomiting, and severe epigastric discomfort. Had previously presented 2 days ago but did not take the prescribed medications. Investigation report is significant for possible urine infection and stones in the kidneys. Exam: Marked right renal angle tenderness.

Duration: Enter Any Text

Vitals:

Clinical Findings: Enter Any Text

Diagnosis: N10 - Acute pyelonephritis,N20.2 - Calculus of kidney with calculus of ureter,K29.00 - Acute gastritis without bleeding,R10.13 - Epigastric pain,

Date of Onset :09/37/2023

Requested Investigations: 96365, THER/PROPH/DIAG IV INF INIT,0102-111908-1001, SODIUM CHLORIDE B.P.-(SODIUM CHLORIDE : 0.9% W/V) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,0005-242802-0781, PANTONIX 40MG I.V.,0005-136504-1021, SCOPINAL

Estimated Cost : Enter Any Text

Prescriptions: 0097-103201-0391 - (CIPROFLOXACIN : 500 MG) FILM COATED TABLETS,0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,0005-141604-0082 - (ALUMINIUM HYDROXIDE : 200 MG) (MAGNESIUM HYDROXIDE : 200 MG) (SIMETHICONE : 25 MG) CHEWABLE TABLETS,0135-116604-1171 - (METRONIDAZOLE : 500 MG) TABLETS,0005-106601-1171 - (PARACETAMOL : 500 MG) TABLETS,

Estimated Cost : Enter Any Text

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.

Patient 's

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