

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 : 14-Nov-2023
Health Provider : Irham Medical Center Arjan
Doctor's Name : Sajid Sanaullah
Co-Insurance :

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

Network : Green
Direct Access SP - YES

Remarks :

☐ Acute
 ☐ Pre-existing and chronic
 ☐ Maternity

Chief Complaints : gastroenteritis from 12/11/2023, from 7 days ago 7/11/2023 throat congested and infection , fever and vomiting
Duration:

Vitals: Temp : 37 Bp :147 Pulse :111 Resp :24

Clinical Findings:

Diagnosis: A08.19 - Acute gastroenteropathy due to other small round viruses,J06.0 - Acute laryngopharyngitis, **Date of Onset:**14/24/2023

Requested Investigations: 96372, THER/PROPH/DIAG INJ SC/IM,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-242802-0781, PANTONIX 40MG I.V.-(PANTOPRAZOLE (AS SODIUM) : 40 MG) POWDER FOR INFUSION,0195-107704-0802, CEFTRIAXONE-TABUK IM-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,9, Consultation GP
Estimated Cost :

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) 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 :

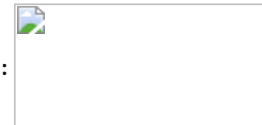
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient 's signature{Parent : if minor}



Date : 14-Nov-2023

Signature :

Date : 14-Nov-2023