

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : ANNISA RAHIM
Card No : I040-029-118989652-01
Policy Holder : ANNISA RAHIM
Payer Name : UNION INSURANCE COMPANY
TPA : E CARE - Blue Network
Validity : 02-01-2023 To 01-01-2024
Gender : Female
Date Of Birth : 08-Aug-2002
Patient's Tel No : 0581825119

Service Date :22-Nov-2023
Health Provider :Irham Medical Center Arjan
Doctor's Name :Sajid Sanaullah

Network : Green
Direct Access SP - YES

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 : from 20/11/23 has headache and sore throat

Duration :

Vitals:Temp : 36.9 Bp :119 Pulse :77 Resp :22

Clinical Findings:

Diagnosis: J03.91 - Acute recurrent tonsillitis, unspecified,R05 - Cough,R51.9 - Headache, unspecified,J20.9 - Acute bronchitis, unspecified,J02.9 - Acute pharyngitis, unspecified,
 Date of Onset :22/42/2023

Requested Investigations: 0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,0006-124513-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,94640, AIRWAY INHALATION TREATMENT,9, Consultation GP
 Estimated Cost :

Prescriptions: 0252-107001-1171 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) TABLETS,0248-135501-1161 - (DEXTROMETHORPHAN : 125 MG/100ML) (DIPHENHYDRAMINE : 100 MG/100ML) (EPHEDRINE : 150 MG/100 ML) (GUAIFENESIN : 10 MG/ML) SYRUP,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 :

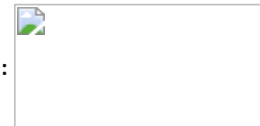
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



Date : Nov-2023

Signature :

Date : 22-Nov-2023