Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **AJITH THAPA**	**Service Date**	:**30-Nov-2023**
Card No	: **I040-029-117277104-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **AJITH THAPA**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2023** To **01-01-2024**		
Gender	: **Male**		
Date Of Birth	: **30-Jan-1992**		
Patient's Tel No	: **0545282545**		

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 : cold like symptom from November 27 2023 runny nose one month allergy for years and smell problem for days **Duration:**

Vitals: Temp : 36.1 Bp :130 Pulse :67 Resp :21

Clinical Findings:

Diagnosis: J00 - Acute nasopharyngitis [common cold],T78.49XS - Other allergy, sequela,R06.7 - Sneezing, **Date of Onset :**30/28/2023

Requested Investigations: 9, Consultation GP,0188-135906-2441, PULMICORT,0006-124513-2071, VENTOLIN NEBULES,94640, AIRWAY INHALATION TREATMENT,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE **Estimated Cost :**

Prescriptions: 0070-124404-2061 - (MOMETASONE FUROATE : 50 MCG) NASAL SPRAY PUMP,0205-123704-1631 - (CETIRIZINE : 10 MG/ML) DROPS (ORAL), **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 : 30-Nov-2023

Signature :

Date : 30-Nov-2023