

## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

Patient Name : AJITH THAPA  
 Card No : I040-029-117277104-01  
 Policy Holder : AJITH THAPA

Payer Name : UNION INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2023 To 01-01-2024

Gender : Male

Date Of Birth : 30-Jan-1992

Patient's Tel No : 0545282545

Service Date : 30-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 : 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

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 :

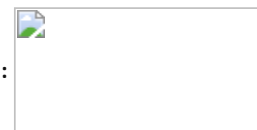
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Sajid Sanaullah

Stamp :



Patient's signature{Parent : if minor}



30-  
Date : Nov-  
2023

Signature :

Date : 30-Nov-2023