Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: PRAGATI BHATTARAI**
Card No	**: I035-029-118228900-01**
Policy Holder	**: PRAGATI BHATTARAI**
Payer Name	**: SALAMA – Islamic Arab Insurance Company**
TPA	**: E CARE - Blue Network**
Validity	**: 28-10-2023** To **27-10-2024**
Gender	**: Female**
Date Of Birth	**: 30-Mar-1999**
Patient's Tel No	**: 5222854263**

Service Date :17-Jan-2024 **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

Doctor's Name **:Sajid Sanaullah**

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 : C/O BACK PAIN SINCE 1 MONTH ,ON & OFF NOT GETTING RELIEVD BY ORAL PAIN FEELS WEAKNESS SINCE 1 MONTH HAS ONE FUNGAL LEISON IN BETWEEN DIGITS OF LEFT FOOT **Duration:**

Vitals: Temp : 36.8 Bp :100 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: M54.5 - Low back pain,B35.3 - Tinea pedis,R53.1 - Weakness, **Date of Onset** :17/02/2024

Requested Investigations: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96365, THER/PROPH/DIAG IV INF INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 1233-402701-1171 - (PANTOTHENIC ACID (VITAMIN B5) : 6 MG) (PHOSPHORUS : 125 MG) (CHOLECALCIFEROL : 400 IU) (RIBOFLAVINE (VITAMIN B2) : 1.6 MG) (BIOTIN : 100 MCG) (FOLIC ACID : 195 MCG) (THIAMINE (VITAMIN B1) : 1.4 MG) (PHYTONADIONE (VITAMIN K1) : 30 MCG) (PYRIDOXINE (VITAMIN B6) : 2 MG) (ASCORBIC ACID (VITAMIN C) : 60 MG) (VITAMIN A : 4000 IU) (VITAMIN E : 14.9 IU) (LUTEIN : 1000 MCG) (MOLYBDENUM : 50 MCG) (IRON (FERROUS FUMARATE) : 10 MG) (NIACINAMIDE : 18 MG) (VITAMIN B12 : 1 MCG) (SELENIUM (AS SODIUM SELENATE),0031-132001-0151 - (BETAMETHASONE : 0.05%) (GENTAMICIN : 0.10%) (MICONAZOLE : 2%) CREAM,0717-226501-2401 - (EPERISONE : 50 MG) SUGAR COATED TABLETS,0102-142201-0391 - (DICLOFENAC POTASSIUM : 50 MG) FILM COATED 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 : 17-Jan-2024

Signature :

Date : 17-Jan-2024