## Administrative

# MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **JUDE DILSHAN NIYOMAL FERNANDO PAYAGALAGE** | **Service Date** | **:17-Jan-2024** |
| **Card No** | : **I035-029-115882802-01** | **Health Provider** | **:Irham Medical Center Arjan** |
| **Policy Holder** | : **JUDE DILSHAN NIYOMAL FERNANDO PAYAGALAGE** | **Doctor's Name** | **:Enomen Goodluck** |
| **Payer Name** | : **SALAMA – Islamic Arab Insurance Company** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Green Network** | | |
| **Validity** | : **05-08-2023** To **04-08-2024** | **Remarks** | : |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **05-Oct-1976** | | |
| **Patient's Tel No** | : **0565017436** | | |

**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 :** C/o: Pain in throat since 3 days, then distressing cough with chest pain and difficulty breathing. Also fever and generalized body pains. He is a known hypertensive but not diabetic and not asthmatic. Chest: mild crepitus with rhonchi.

**Duration:**

**Vitals:**Temp : 36.8 Bp :140 Pulse :92 Resp :22

**Clinical Findings:**

**Diagnosis:** J20.9 - Acute bronchitis, unspecified,J06.0 - Acute laryngopharyngitis,J22 - Unspecified acute lower respiratory infection,I10 - Essential (primary) hypertension,

**Date of Onset** :17/03/2024

**Requested Investigations:** 94640, AIRWAY INHALATION TREATMENT,0006-124513-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,9, Consultation GP

**Estimated Cost :**

**Prescriptions:** 0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,4874-125821-3801 - (POVIDONE IODINE : 0.45%) SPRAY SOLUTION,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,2027-560101-0392 - (IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,

**Estimated Cost :**

**MEDICAL PRACTITIONER DECLARATION :**

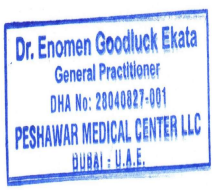
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

**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.

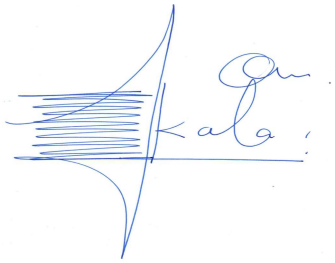
**Dr's Name** : Enomen Goodluck

**Stamp :**




**Patient 's signature{Parent : if minor}**

**Date :** 17-Jan-2024

**Signature :**  **Date :** 17-Jan-2024