Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE**
Card No	**: I040-029-119668661-01**
Policy Holder	**: SHALIKA MADUWANTHI KULAWANSHA KARUNA PELIGE**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Female**
Date Of Birth	**: 20-Feb-1996**
Patient's Tel No	**: 0561360824**

Service Date **:20-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: Whitish, cheezy, and highly pruritic vaginal discharge. Said to have been recurrent for over a month now. Not a known diabetic and not sexually active. **Duration:**

Vitals: Temp : 36.8 Bp :109 Pulse :102 Resp :22

Clinical Findings:

Diagnosis: B37.3 - Candidiasis of vulva and vagina,A59.01 - Trichomonal vulvovaginitis, **Date of Onset** :20/00/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0067-116604-0391 - (METRONIDAZOLE : 500 MG) FILM COATED TABLETS,0101-169101-1171 - (DOXYCYCLINE : 100 MG) TABLETS,4794-140503-1241 - (CLOTRIMAZOLE : 500 MG) VAGINAL TABLETS,6831-140202-1172 - (FLUCONAZOLE : 50 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 :**

Dr. Sajid Sanaullah Khan
General Practitioner
DHA No: 05758224-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent : if minor}

Date : 20-Jan-2024

Signature : 

Date : 20-Jan-2024