Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: ZHAOFANG ZHANG**
Card No	**: I011-029-116777418-01**
Policy Holder	**: ZHAOFANG ZHANG**
Payer Name	**: AL SAGR NATIONAL INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 01-01-1900** To **19-05-2024**
Gender	**: Female**
Date Of Birth	**: 05-Apr-1984**
Patient's Tel No	**: 0558227761**

Service Date :24-Jan-2024 **Network** : Green

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

Doctor's Name **:Enomen Goodluck**

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 : Swollen eye lids, associated redness and severe pruritus of the swelling. Similar lesions around the neck and face. Unsure of how it started but said to have taken an unknown medicine from a pharmacy prior to onset of lesions. Duration of onset of symptoms is one week. Exam: Hyperemic puffiness of the face (especially the eyelids). **Duration:**

Vitals: Temp : 37.2 Bp :113 Pulse :89 Resp :20

Clinical Findings:

Diagnosis: L50.0 - Allergic urticaria,T78.3XXA - Angioneurotic edema, initial encounter, **Date of Onset** :24/20/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS, **Estimated Cost** :

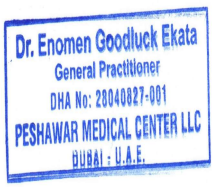
MEDICAL PRACTITIONER DECLARATION :

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.

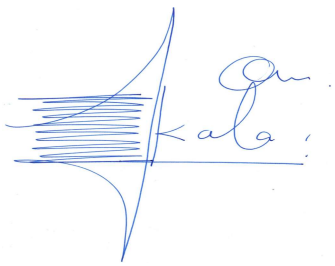
Dr's Name : Enomen Goodluck **Stamp :**



Patient 's signature{Parent if minor} :

Date : 24-Jan-2024

Signature :



Date : 24-Jan-2024