Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ELSAYED EZZAL SABRA EISSA**	**Service Date**	:**29-Jan-2024**
Card No	: **I040-029-120337263-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **ELSAYED EZZAL SABRA EISSA**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **UNITED INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2024** To **01-01-2025**		
Gender	: **Male**		
Date Of Birth	: **20-Jun-1988**		
Patient's Tel No	: **0544987805**		

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 : BP is elevated. **Duration :**

Vitals: Temp : 37 Bp :157 Pulse :97 Resp :22

Clinical Findings:

Diagnosis: K64.1 - Second degree hemorrhoids,K59.04 - Chronic idiopathic constipation,J02.9 - Acute pharyngitis, unspecified,I10 - Essential (primary) hypertension, **Date of Onset** :29/10/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0207-379202-1171 - (AMLODIPINE (AS BESYLATE) : 10 MG) TABLETS,0252-185801-0391 - (DIPHENHYDRAMINE : 25 MG) (PARACETAMOL : 500 MG) (PSEUDOEPHEDRINE : 30 MG) FILM COATED TABLETS,0042-133702-1171 - (BISACODYL : 5 MG) TABLETS,1190-170813-1161 - (LACTULOSE : 667MG/G) SYRUP,0016-119401-2231 - (ZINC OXIDE : 296 MG) (BALSAM PERUVIAN SINE RESINA : 49 MG) (BISMUTH OXIDE : 24 MG) (BISMUTH SUBGALLATE : 59 MG) RECTAL SUPPOSITORIES,

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 : 29-Jan-2024

Signature :

Date : 29-Jan-2024