## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | | | |
|---|---|---|---|
| **Patient Name** | : **HASEEB LODHI GHAZANFAR MEHMOOD** | **Service Date** | :**06-Feb-2024** |
| **Card No** | : **I040-029-117681852-01** | **Health Provider** | :**Irham Medical Center Arjan** |
| **Policy Holder** | : **HASEEB LODHI GHAZANFAR MEHMOOD** | **Doctor's Name** | :**Sajid Sanaullah** |
| **Payer Name** | : **UNION INSURANCE COMPANY** | **Co-Insurance** | : |
| **TPA** | : **E CARE - Blue Network** | **Remarks** | : |
| **Validity** | : **02-01-2024** To **01-01-2025** | | |
| **Gender** | : **Male** | | |
| **Date Of Birth** | : **06-Dec-1995** | | |
| **Patient's Tel No** | : **0521005291** | | |

**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 HIGH FEVER,COUGH,COLD ,BODY PAIN , SORE THROAT,NAUSEA AND VOMITING SINCE 2 DAYS LOSS OF TASTE SINCE 2 DAYS ON EXAMINATION PT SEEMS GENERALLY UNWELL,WEAK AND HAS CHEST CONGESTION AND MILD WHEEZING **Duration:**

**Vitals:**

**Clinical Findings:**

**Diagnosis:** J06.9 - Acute upper respiratory infection, unspecified,J11.1 - Flu due to unidentified influenza virus w oth resp manifest,R51.9 - Headache, unspecified,R50.9 - Fever, unspecified,R05 - Cough,R11.0 - Nausea, **Date of Onset** :06/19/2024

**Requested Investigations:** 9, Consultation GP **Estimated Cost** :

**Prescriptions:** **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** : 06-Feb-2024

**Signature :**

**Date** : 06-Feb-2024