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: Temp : 37.8 Bp :92 Pulse :92 Resp :22

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** :06/45/2024

Requested Investigations: 9, Consultation GP,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,82947, GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP,80076, HEPATIC FUNCTION PANEL,82306, 25 HYDROXY INCLUDES FRACTIONS IF PERFORMED,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-107704-0801, CEFTRIAXONE-TABUK 1 GM IV,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 2552-624301-3591 - (AZELASTINE HCL : 1 MG / 1 ML) (FLUTICASONE PROPIONATE : 0.365 MG / ML) SUSPENSION FOR NASAL SPRAY,0069-144601-1171 - (MULTIVITAMINS : N/A) (MINERALS : N/A) (LUTEIN : N/A) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-252201-0391 - (CAFFEINE : 65 MG) (IBUPROFEN : 400 MG) FILM COATED TABLETS,0005-119805-1173 - (PREDNISOLONE : 5 MG) TABLETS,0006-106601-0392 - (PARACETAMOL : 500 MG) FILM COATED TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 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 :

Patient 's signature{Parent : if minor}

Date : 06-Feb-2024

Signature :

Date : 06-Feb-2024