Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **JEET BAHADUR KHATRI**	**Service Date**	:**08-Feb-2024**
Card No	: **I040-029-120209240-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **JEET BAHADUR KHATRI**	**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	: **02-Aug-1980**		
Patient's Tel No	: **0504753940**		

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 : Recurrent cough for the past 8months, especially on cold mornings. Also now has chest pain. Does not smoke and he is not a known asthmatic. Chest: Clinically clear. Chest X-ray is advised.

Duration:

Vitals: Temp : 36.8 Bp :160 Pulse :86 Resp :20

Clinical Findings:

Diagnosis: J45.21 - Mild intermittent asthma with (acute) exacerbation,J20.9 - Acute bronchitis, unspecified,J02.9 - Acute pharyngitis, unspecified,J00 - Acute nasopharyngitis [common cold],

Date of Onset :08/54/2024

Requested Investigations: 94640, AIRWAY INHALATION TREATMENT,0006-402803-2071, VENTOLIN NEBULES,0188-135906-2441, PULMICORT,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,96365, THER/PROPH/DIAG IV INF INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP

Estimated Cost :

Prescriptions: 0005-124508-1173 - (SALBUTAMOL : 2 MG) TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0027-128802-2021 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) NASAL DROPS,0097-127405-0392 - (AZITHROMYCIN : 500 MG) FILM COATED TABLETS,0027-265802-1161 - (BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP,0090-265901-1171 - (MONTELUKAST : 10 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 : 08-Feb-2024

Signature :

Date : 08-Feb-2024