

Administrative

Patient Name

: BRIAN MUHORO
IRUNGU

Card No

: I040-029-120327298-01

Policy Holder

: BRIAN MUHORO
IRUNGU

Payer Name

: UNION INSURANCE
COMPANY

TPA

: E CARE - Blue Network

Validity

: 02-01-2024 To 01-01-
2025

Gender

: Male

Date Of Birth

: 28-Mar-1994

Patient's Tel No

: 0564710328

Service Date

:14-Feb-2024

Health Provider

:Irham Medical Center Arjan

Doctor's Name

:Sajid Sanaullah

Co-Insurance

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Remarks

:

Claim Ref:

Network

: Green

Direct Access SP

- YES

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints

: c/o pain in stomach and vomiting and loose stool after eating sushi all
complaints since one day

Duration:

Vitals:

Clinical Findings:

Diagnosis:

A09 - Infectious gastroenteritis and colitis, unspecified,Z91.013 - Allergy to seafood,R52 - Pain,
unspecified,K29.70 - Gastritis, unspecified, without bleeding,K21.9 - Gastro-esophageal reflux disease without
esophagitis,

Date of Onset

:14/05/2024

Requested Investigations:

9, Consultation GP

Estimated Cost

:

Prescriptions:

0102-230603-0831 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) POWDER FOR
SOLUTION,0005-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD
GELATIN),6076-482003-0392 - (CIPROFLOXACIN (AS HYDROCHLORIDE) : 500 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

: Sajid Sanaullah

Stamp

Dr. Sajid Sanaullah Khan

General Practitioner

DHA No: 05758224-001

PESHAWAR MEDICAL CENTER LLC

DUBAI - U.A.E.

Signature



Date

: 14-Feb-2024

Patient 's
signature{Parent :
if minor}



14-
Feb-
2024

https://irhamc.visionsoftwares.ae/mr_ecare_claim_print.aspx?appld=46195&patld=52530

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