Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: GANGA KERUNG**
Card No	**: I040-029-113718932-01**
Policy Holder	**: GANGA KERUNG**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 08-Oct-1981**
Patient's Tel No	**: 0503621186**

Service Date **:05-Mar-2024** **Network** : Green

Health Provider **:Irham Medical Center Arjan** **Direct Access SP - YES**

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 :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : C/o: Rashes on the abdomen. Rashes are highly pruritic and itching increases when touched. Rashes are located in clusters on the right lumbar region and another cluster of similar rashes on the left lumbar region. Exam: Papular rashes with erythematous base. **Duration:**

Vitals: Temp : 36.5 Bp :134 Pulse :76 Resp :20

Clinical Findings:

Diagnosis: L20.9 - Atopic dermatitis, unspecified,L29.8 - Other pruritus,B49 - Unspecified mycosis,M54.5 - Low back pain, **Date of Onset** :05/36/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0006-149803-0151 - (CLOBETASOL PROPIONATE : 0.5 MG/G) CREAM,0027-109204-1171 - (TERBINAFINE (AS HCL) : 250 MG) TABLETS,1111-183202-0391 - (FEXOFENADINE HCL : 180 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 :

Patient 's signature{Parent : if minor}

Date : 05-Mar-2024

Signature :

Date : 05-Mar-2024