

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : Karan Batra Vinod Kumar Batra

Card No : I011-029-114468257-01

Policy Holder : Karan Batra Vinod Kumar Batra

Payer Name : AL SAGR NATIONAL INSURANCE COMPANY

TPA : E CARE - Blue Network

Validity : 08-03-2024 To 07-03-2025

Gender : Male

Date Of Birth : 28-Mar-1988

Patient's Tel No : 565348759

Service Date :12-Mar-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Maimoona

Co-Insurance :

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

Network : Green

Direct Access SP - YES

Remarks :

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : KNOWN HYPERTENSIVE MAINTAINED ON MEDICATION PRESCRIPTION REFIL Duration:

Vitals:Temp : 36.8 Bp :128 Pulse :80 Resp :22

Clinical Findings:

Diagnosis: I10 - Essential (primary) hypertension,

Date of Onset : 12/20/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 1394-627101-1171 - (AMLODIPINE (AS BESYLATE) : 5 MG) (VALSARTAN : 160 MG) TABLETS,

Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

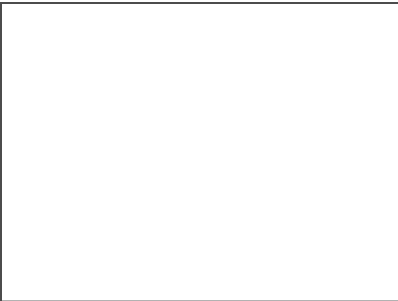
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : Maimoona

Stamp :

Signature :		Date : 12-Mar-2024
		Patient 's signature{Parent : if minor}
		 Date : 12-Mar-2024