Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: SEKH ESTYAK ALI SEKH AKTHAR ALI**
Card No	**: I040-029-118843245-01**
Policy Holder	**: SEKH ESTYAK ALI SEKH AKTHAR ALI**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Blue Network**
Validity	**: 02-01-2024** To **01-01-2025**
Gender	**: Male**
Date Of Birth	**: 20-Dec-1992**
Patient's Tel No	**: 0528452339**

Service Date **:12-Mar-2024** **Network** **:** Green

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

Doctor's Name **:Enomen Goodluck**

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: pain in the right flank since yesterday. associated with nausea and vomiting and constipation but there is no fever. **Duration:**

Vitals: Temp : 36.8 Bp :114 Pulse :82 Resp :22

Clinical Findings:

Diagnosis: N20.2 - Calculus of kidney with calculus of ureter,M54.5 - Low back pain,K59.00 - Constipation, unspecified, **Date of Onset** **:**12/00/2024

Requested Investigations: 9, Consultation GP,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT **Estimated Cost** **:**

Prescriptions: 1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS,0027-149906-1171 - (DICLOFENAC SODIUM : 25 MG) TABLETS,1356-111705-0251 - (SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.76G) (CITRIC ACID : 720 MG) EFFERVESCENT GRANULES,0481-382801-0391 - (PRUCALOPRIDE (AS PRUCALOPRIDE SUCCINATE) : 1 MG) FILM COATED TABLETS,0240-223401-1171 - (NAPROXEN : 500 MG) TABLETS,0042-136501-1173 - (HYOSCINE : 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 **:** Enomen Goodluck **Stamp :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

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

Signature : **Date** **:** 12-Mar-2024