Administrative MEDICAL CLAIM FORM Claim Ref:

Patient Name	: **Karan Batra Vinod Kumar Batra**	**Service Date**	:**19-Mar-2024**
Card No	: **I011-029-114468257-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **Karan Batra Vinod Kumar Batra**	**Doctor's Name**	:**Enomen Goodluck**
Payer Name	: **AL SAGR NATIONAL INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **08-03-2024** To **07-03-2025**		
Gender	: **Male**		
Date Of Birth	: **28-Mar-1988**		
Patient's Tel No	: **565348759**		

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 : C/O: Pain on the right flank since yesterday. Pain is described as waxing and waning. had a similar pain in the past and scan done showed he had a kidney stones. known hypertensive but not diabetic. has no other medical condition in the past. Current medications include: Lotevan Counselled on the need for hydration of at least 3L per day. **Duration:**

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

Clinical Findings:

Diagnosis: N20.2 - Calculus of kidney with calculus of ureter, **Date of Onset** : 19/07/2024

Requested Investigations: 96360, HYDRATION IV INFUSION INIT,0195-107704-0801, CEFTRIAXONE-TABUK IV,96372, THER/PROPH/DIAG INJ SC/IM,0005-149902-1021, CLOFEN ,0005-136504-1021, SCOPINAL,0102-111908-1001, SODIUM CHLORIDE B.P.,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY,86140, C REACTIVE PROTEIN,9, Consultation GP,96365, THER/PROPH/DIAG IV INF INIT **Estimated Cost** :

Prescriptions: 0114-274302-0391 - (LEVOFLOXACIN (AS HEMIHYDRATE) : 250 MG) FILM COATED TABLETS,0053-111703-0251 - (SODIUM CITRATE : 630 MG) (TARTARIC ACID : 890 MG) (SODIUM BICARBONATE : 1.75 G) (CITRIC ACID : 720 MG) EFFERVESCENT GRANULES,0135-223401-1171 - (NAPROXEN : 500 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.

Dr's Name : Enomen Goodluck

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

Signature :

Date : 19-Mar-2024

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.

Patient 's signature{Parent : if minor}

Date : 19-Mar-2024