

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : NARESH GENDA LAL
Card No : I035-029-118743875-01
Policy Holder : NARESH GENDA LAL
Payer Name : SALAMA – Islamic Arab Insurance Company
TPA : E CARE - Blue Network
Validity : 23-11-2023 To 22-11-2024
Gender : Male
Date Of Birth : 03-Aug-1993
Patient's Tel No : 0569644103

Service Date:28-Mar-2024
Health Provider :Irham Medical Center Arjan
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 anus on defecation since 3hours. There is no bleeding Duration :

Vitals:Temp : 36.8 Bp :126 Pulse :82 Resp :18

Clinical Findings:

Diagnosis: K60.0 - Acute anal fissure,K64.9 - Unspecified hemorrhoids,K62.89 - Other specified diseases of anus and rectum,K21.00 - Gastro-esophageal reflux dis with esophagitis, without bleed, Date of Onset :28/51/2024

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP

Estimated :
Cost

Prescriptions: 0137-242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0135-223401-1171 - (NAPROXEN : 500 MG) TABLETS,0071-158501-0391 - (HESPERIDIN : 50 MG) (DIOSMIN (FLAVONOIDIC FRACTION) : 450 MG) FILM COATED TABLETS,0027-149903-2231 - (DICLOFENAC SODIUM : 100 MG) RECTAL SUPPOSITORIES,

Estimated :
Cost

MEDICAL PRACTITIONER DECLARATION :

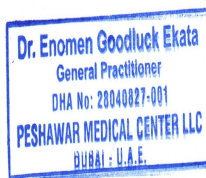
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

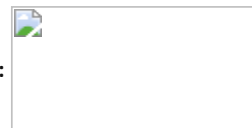
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



28-
Date : Mar-2024

Signature :

Date : 28-Mar-2024