

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : MUHAMMAD BAHIR
Card No : I022-029-114042580-01
Policy Holder : MUHAMMAD BAHIR
Payer Name : TAKAFUL EMARAT
TPA : E CARE - Blue Network
Validity : 30-08-2023 To 29-08-2024
Gender : Male
Date Of Birth : 16-Jun-1990
Patient's Tel No : 765697144

Service Date :02-Apr-2024
Health Provider :Irham Medical Center Arjan
Doctor's Name :Enomen Goodluck

Network : Green
Direct Access SP - YES

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 : Itchy and watery eyes. Also mucopurulent discharge and stickiness in the mornings. Duration:

Vitals:

Clinical Findings:

Diagnosis: H10.13 - Acute atopic conjunctivitis, bilateral,H10.89 - Other conjunctivitis,L29.8 - Other pruritus, Date of Onset :02/54/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

Prescriptions: 1111-183202-0391 - (FEXOFENADINE HCL : 180 MG) FILM COATED TABLETS, Estimated Cost :

MEDICAL PRACTITIONER DECLARATION :

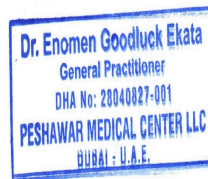
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

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 : Enomen Goodluck

Stamp :



Patient 's signature{Parent : if minor}

Date : Apr-2024

Signature :

Date : 02-Apr-2024