Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Sachin Pandurang Vinherkar**
Card No	**: I040-029-113718954-01**
Policy Holder	**: Sachin Pandurang Vinherkar**
Payer Name	**: UNION INSURANCE COMPANY**
TPA	**: E CARE - Green Network**
Validity	**: 02-01-2024 To 01-01-2025**
Gender	**: Male**
Date Of Birth	**: 07-Jan-1984**
Patient's Tel No	**: 0503667303**

Service Date **:05-Apr-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 : For routine check up. Said to have been diagnosed of type 2 DM in India 2 weeks ago. Hence came to double check in this clinic. FBS check at presentation is 142mg/dl (Diabetic range). Patient is counselled appropriately. **Duration:**

Vitals:

Clinical Findings:

Diagnosis: E11.65 - Type 2 diabetes mellitus with hyperglycemia,R35.0 - Frequency of micturition, **Date of Onset** :05/27/2024

Requested Investigations: 9, Consultation GP,83036, HEMOGLOBIN GLYCOSYLATED A1C,80061, LIPID PANEL,81001, URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY **Estimated Cost** :

Prescriptions: 0090-204902-0391 - (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) (METFORMIN HCL : 500 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.

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 : 05-Apr-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 : 05-Apr-2024