

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 :06-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 : Has no complaint. Requesting to do USS to check if he has kidney stones. Duration:

Patient is counselled that insurance does not cover such test, unless he has to pay cash, which he declined.

Vitals:Temp : 36.6 Bp :113 Pulse :78 Resp :22

Clinical Findings:

Diagnosis: Z00.00 - Encntr for general adult medical exam w/o abnormal findings, Date of Onset :06/27/2024

Requested Investigations: 9, Consultation GP Estimated Cost :

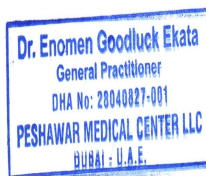
Prescriptions: Estimated Cost :

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 :



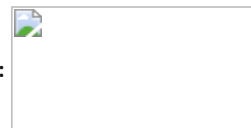
Signature :

Date : 06-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}



06-
Date : Apr-
2024