Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	**: Arley Arboleda Munoz**	**Service Date**	**:20-Apr-2024**	**Network**	**: Green**
Card No	**: I022-029-120520274-01**	**Health Provider**	**:Irham Medical Center Arjan**		**Direct Access SP - YES**
Policy Holder	**: Arley Arboleda Munoz**	**Doctor's Name**	**:Enomen Goodluck**		
Payer Name	**: TAKAFUL EMARAT**				
TPA	**: E CARE - Blue Network**	**Co-Insurance**	**:**		
Validity	**: 29-02-2024 To 27-02-2025**				
Gender	**: Male**	**Remarks**	**:**		
Date Of Birth	**: 24-Apr-1985**				
Patient's Tel No	**: 0561790894**				

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 : Dizziness, vertigo, it is short lived and relieved again upon lying down. Has no tinnitus nor hearing loss. Exam: ENT: shows cerumen impaction on the right ear. left is normal **Duration:**

Vitals: Temp : 36.4 Bp :146 Pulse :71 Resp :18

Clinical Findings:

Diagnosis: H61.21 - Impacted cerumen, right ear,H81.11 - Benign paroxysmal vertigo, right ear,R03.0 - Elevated blood-pressure reading, w/o diagnosis of htn, **Date of Onset** :20/37/2024

Requested Investigations: 9, Consultation GP,69209, REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT **Estimated Cost** :

Prescriptions: 5353-840001-1172 - (CINNARIZINE : 20 MG) (DIMENHYDRINATE : 40 MG) TABLETS,0355-103204-1681 - (CIPROFLOXACIN : 0.3%) EYE / EAR DROPS, **Estimated Cost** :

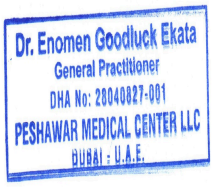
MEDICAL PRACTITIONER DECLARATION :

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.

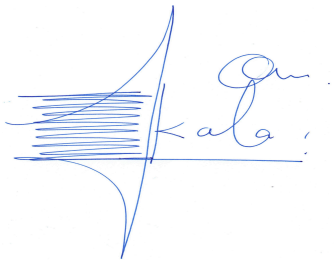
Dr's Name : Enomen Goodluck **Stamp :**



Patient 's signature{Parent if minor} :

Date : 20-Apr-2024

Signature :



Date : 20-Apr-2024