Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **NINO MANALO . ORTEGA**	**Service Date**	**:25-Apr-2024**
Card No	: **I040-029-119827244-01**	**Health Provider**	**:Irham Medical Center Arjan**
Policy Holder	: **NINO MANALO . ORTEGA**	**Doctor's Name**	**:Humaira**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2024** To **01-01-2025**		
Gender	: **Male**		
Date Of Birth	: **07-Aug-1997**		
Patient's Tel No	: **052671369**		

Network : Green

Direct Access SP - YES

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 : co fever at night with chills bodyache tiny blister near the eye oe chest is clear no added sounds vitals are stable **Duration:**

Vitals: Temp : 36.5 Bp :147 Pulse :76 Resp :22

Clinical Findings:

Diagnosis: R52 - Pain, unspecified,R50.9 - Fever, unspecified,S90.829A - Blister (nonthermal), unspecified foot, initial encounter, **Date of Onset** **:**25/30/2024

Requested Investigations: 86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,9, Consultation GP,86750, ANTIBODY PLASMODIUM MALARIA **Estimated Cost** **:**

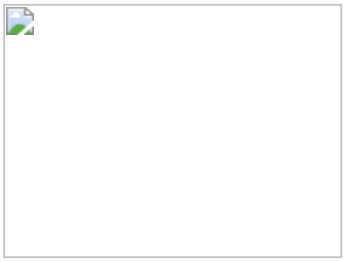
Prescriptions: 0281-128401-0152 - (FUSIDIC ACID : 2%) CREAM,0724-107002-1171 - (CAFFEINE : 60 MG) (PARACETAMOL : 500 MG) TABLETS,0139-116206-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS, **Estimated Cost** **:**

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 : Humaira **Stamp :** 

Patient 's signature{Parent : if minor}  **Date :** 25-Apr-2024

Signature :  **Date** : 25-Apr-2024