

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : CHIGOZIE FRANCIS
ONWUASOANYA
Card No : I040-029-117072633-01
Policy Holder : CHIGOZIE FRANCIS
ONWUASOANYA

Payer Name : UNION INSURANCE
COMPANY

TPA : E CARE - Blue Network

Validity : 02-01-2024 To 01-01-2025

Gender : Male

Date Of Birth : 04-Sep-1990

Patient's Tel No : 971555429234

Service Date :27-Apr-2024

Health Provider :Irham Medical Center Arjan

Doctor's Name :Enomen Goodluck

Co-Insurance :

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

Network : Green

Direct Access SP - YES

Remarks :

☐ Acute

☐ Pre-existing and chronic

☐ Maternity

Chief Complaints : Frequent stooling; stool is not loose and of normal consistency and there is no fever. Has had 5 episodes today It sometimes starts after eating food. Refer to gastroenterologist for further evaluation and management.

Vitals:Temp : 36 Bp :111 Pulse :79 Resp :22

Clinical Findings:

Diagnosis: K58.0 - Irritable bowel syndrome with diarrhea,M54.5 - Low back pain,R10.30 - Lower abdominal pain, unspecified, **Date of Onset** :27/26/2024

Requested Investigations: 9, Consultation GP

Estimated Cost :

Prescriptions: 0005-119803-1171 - (PREDNISOLONE : 20 MG) TABLETS,0042-136501-1173 - (HYOSCINE : 10 MG) TABLETS,

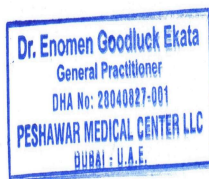
Estimated Cost :

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.

Dr's Name : Enomen Goodluck

Stamp :



Signature :

Date : 27-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 : 27-Apr-2024