Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **CHIGOZIE FRANCIS ONWUASOANYA**	**Service Date**	:**27-Apr-2024**
Card No	: **I040-029-117072633-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **CHIGOZIE FRANCIS ONWUASOANYA**	**Doctor's Name**	:**Enomen Goodluck**
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	: **04-Sep-1990**		
Patient's Tel No	: **971555429234**		

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 : 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. **Duration:**

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 :**

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
PESHAWAR MEDICAL CENTER LLC
DUBAI : U.A.E.

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