

Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name : JAI PRAKASH BRIJNATH YADAV

Card No : I035-029-115704844-01

Policy Holder : JAI PRAKASH BRIJNATH YADAV

Payer Name : SALAMA – Islamic Arab Insurance Company

TPA : E CARE - Blue Network

Validity : 07-08-2023 To 06-08-2024

Gender : Male

Date Of Birth : 01-Oct-1970

Patient's Tel No : 0527934507

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 loose stool since this morning, Said to have began after taking some pain medicines indicated for tooth ache. There is no abdominal pain.

Duration:

Vitals:Temp : 36.6 Bp :146 Pulse :76 Resp :22

Clinical Findings:

Diagnosis: K29.00 - Acute gastritis without bleeding,R19.7 - Diarrhea, unspecified,

Date of Onset :27/54/2024

Estimated Cost :

Requested Investigations: 9, Consultation GP

Prescriptions: 0097-230603-2091 - (ORAL REHYDRATION SALTS (O.R.S.) : N/A) ORAL POWDER,0137- 242802-0341 - (PANTOPRAZOLE (AS SODIUM) : 40 MG) ENTERIC COATED TABLETS,0415-200001-1452 Cost - (LOPERAMIDE : 2 MG) CAPSULES (HARD GELATIN),

MEDICAL PRACTITIONER DECLARATION :

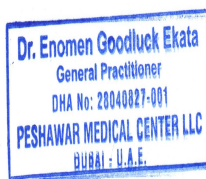
I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

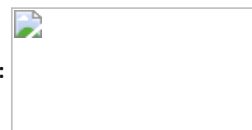
I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : Enomen Goodluck

Stamp :



Patient's signature{Parent : if minor}



27-
Date : Apr-
2024

Signature :

Date : 27-Apr-2024