Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **ABDUL FATTAH**	**Service Date**	:**22-Aug-2023**
Card No	: **I040-029-117763281-01**	**Health Provider**	:**Irham Medical Center Arjan**
Policy Holder	: **ABDUL FATTAH**	**Doctor's Name**	:**Sajid Sanaullah**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2023** To **01-01-2024**		
Gender	: **Male**		
Date Of Birth	: **12-Aug-2000**		
Patient's Tel No	: **582924651**		

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 : Severe cough and sore throat since two days ago on 20-08-2023 severe body pain and fatigue nasal block and wheezing started today **Duration:**

Vitals: Temp : 36.8 Bp :130 Pulse :82 Resp :20

Clinical Findings:

Diagnosis: J20.9 - Acute bronchitis, unspecified,J02.9 - Acute pharyngitis, unspecified,R50.9 - Fever, unspecified,R09.81 - Nasal congestion,J45.991 - Cough variant asthma, **Date of Onset** :22/50/2023

Requested Investigations: 9, Consultation GP,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,0195-107704-0801, CEFTRIAXONE-TABUK IV,0248-122107-1021, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,0005-111805-1021, CHLOROHISTOL 10MG,96360, HYDRATION IV INFUSION INIT,96374, THER/PROPH/DIAG INJ IV PUSH,96374, THER/PROPH/DIAG INJ IV PUSH,9, Consultation GP,2849-100143-0991, 5% W/V DEXTROSE 0.45% & W/V SODIUM CHLORIDE,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0801, CEFTRIAXONE-TABUK IV,0046-149902-0511, INFLA-BAN (DICLOFENAC SODIUM : 75 MG/3ML) INJECTION ,0005-111805-1021, CHLOROHISTOL 10MG,96360, HYDRATION IV INFUSION INIT,96372, THER/PROPH/DIAG INJ SC/IM **Estimated Cost** :

Prescriptions: 0278-107902-1172 - (IBUPROFEN : 400 MG) TABLETS,0006-402804-2481 - (SALBUTAMOL(AS SULPHATE) : 2 MG/5ML) SYRUP (SUGAR FREE),0027-128802-1971 - (XYLOMETAZOLINE HYDROCHLORIDE : 0.1%) LIQUID FOR SPRAY (NASAL),0252-148701-1173 - (LORATADINE : 10 MG) TABLETS,0139-116207-1171 - (CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 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 : Sajid Sanaullah

Stamp :

Patient 's signature{Parent if minor} :

Date : 22-Aug-2023

Signature :

Date : 22-Aug-2023