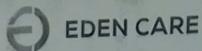
Eden Care Medical Health Insurance Claims Form



1. Patient Detalls							
Membership number	3453000						
Surname NIY	OMWUNGERE						
Firstname(s)(asper		EOPOLD					
Date of birth	01-01-	2 0 0 1				Gender V	M
Cellphone	0786439408						
Email	l.niyomwung@alu	ustudent.com					
2 Medical Practit	ioner Details						
Name							
Specialization							
RMDC Reg No							
3. Treatment Deta	alls						
Final Diagnosis ICD (Diagnosis Descriptio	n				
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable)	g or s		of Care	Outpatient Inpatient	Optical Denial	Maternity	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable)	g or s mber	Туре	of Care	Inpatient	Denial	Maternity	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items	g or s	Туре	of Care	Inpatient	Denial	Co new	Total
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items	g or s mber	Туре	of Care	Inpatient	Denial	Co new	Tota
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code	g or s mber	Type	of Care	Inpatient	Denial	Co-pay	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code 2. 3	g or s mber	Type	of Care	Inpatient	Denial	Co-pay	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code 2 3 4 5	g or s mber	Type	of Care	Inpatient	Denial	Co-pay	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code 2 3 4	g or s mber	Type	of Care	Inpatient	Denial	Co-pay	
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code 1 2 3 4 5	g or s mber	Type	of Care	Inpatient	Denial Dice) Total Billed	Co-pay	Clai
Additional Supporting Underlying Diagnose Pre Authorisation Nu (If applicable) 4. Services / Items RMPC Item Procedure Code 2 3 4 5 6	g or s mber	Type	of Care	Inpatient emised inv	Denial Dice) Total Billed	Co-pay Amount	Clai

Contact Us: www.edencaremedical.com; support@edencaremedical.com; KN 78 Street, Kigali, Rwanda

