AL MADALLAH Form

almadallah Healthcare Management

Claim Form

استمـــارة المطالبة

Please complete all the fields

For Pre Approval kindly call our Help Line for 24 hours: 04 559 1322 Fax: +9714 434 2310

No:

Date:	06-Oct-2024	Healthcare Provider:	CITICARE MEDICAL CENTER LLC

PATIENT INFORMATION

Patient's Name (as on card)	ANA LUCIA CARLOS CASIPONG	○ Mr. ○ Mrs. ○ Ms.			
Card #	Policy No.	Birth Date :	13-Dec-1988 (dd mm yy)	Sex:	Female
784-1988-2859657-1					

INFORMATION

To be completed by Physician

Date of present symptoms:	06/10/2024 (dd mm yy)	Symptom(s) as described by Patient:

Complaint

PC: Headache, nausea.

Duration: 1days

Located on the left side of scalp only, associated with nausea but has not vomitted

A known hypertensive and diabetic patient on routine maintenance and claims good compliance.

HBA1c and lipid profile requested but patient declined as it is not covered by her insurance.

RBS = 158mg/dl

Pre-existing Condition(s) being treated for :	○ No	○ Yes	If Yes Specify	
Chronic Medications:	○ No	○ Yes		
Family History of any Illness	○ No	○ Yes		

OBJECTIVE/ASSESSMENT *To be completed by Physician*

Clinical Finding

Date	CPT Code	Treatment	Qty	Unit Price
06-Oct-2024	9	Consultation Gp (General Consultation)	1	60.00
				60.00

Cause	☐ Physical Illness	☐ Accident	☐ Maternity	☐ Preventive	☐ Psychiatric	☐ Dental	☐ Work Related
☐ Other(s) Explain							

Assessment/ Diagnosis	☐ Acute	☐ Chronic	☐ Confirmed	☐ Suspected

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Primary	06-Oct-2024	Enomen Goodluck	G43.919	Migraine, unsp, intractable, without status migrainosus			Admitting Provider
Secondary	06-Oct-2024	Enomen Goodluck	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unsp			Admitting Provider
Secondary	06-Oct-2024	Enomen Goodluck	I10	Essential (primary) hypertension			Admitting Provider
Secondary	06-Oct-2024	Enomen Goodluck	Z79.899	Other long term (current) drug therapy			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	06-Oct-2024	Enomen Goodluck	M16.12	Unilateral primary osteoarthritis, left hip			Admitting Provider

MEDICAL PLAN

Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to consider the claim

☐ Consultation	☐ Physiotherapy	☐ Laboratory	☐ Radiology/Other	☐ Pharmacy

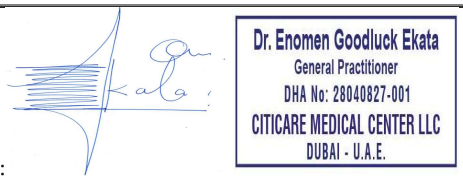
		For Almadallah's Use only
Pre-authorization Required for:		As per agreed tariff
Full details of proposed treatment/Surgery/Medicine:		Approval Code:

IN-PATIENT

Discharge summary, Itemized Invoices, Report, Results should be attached

Length of stay:	**Provider: ALMadallah GN+ GN RN GOVT POLICE DEWA**	**Cost:**

The above information is true to the best of my knowledge. I hereby authorize any Healthcare Provider, Insurer, Employer or other Organization to release any information regarding my medical conditions & history to **ALMADALLAH** for the purpose of determining insurance benefits

Treating Physician Name: Enomen Goodluck		**Patient/Guardian signature**	
Tel/Fax: 1234567			
Signature & Stamp: 			
Date: 06-10-2024		Date: 06-10-2024	

Claims should be submitted with supporting documents within 30 days from date of service or as per contract.