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:	14-Oct-2024	Healthcare Provider:	CITICARE MEDICAL CENTER LLC				
PATIENT INFORMATION							
Patient's Name (as on card)		MOHAMMED FAISAL	○ Mr. ○ Mrs. ○ Ms.				
Card #		Policy No.	Birth Date :	01-Jan-2000 (dd mm yy)	Sex:	Male	
784-2000-7160431-6							
INFORMATION			*To be completed by Physician*				
Date of present symptoms:	14/10/2024 (dd mm yy)	Symptom(s) as described by Patient:					

Complaint

Recurrent headaches for the past 6months.

Current episode began yesterday night.

Headache is severe and scored 8/10.

Pain was so intense yesterday that he called the ambulance and was told he had high BP

BP today at presentatin is 140.90mmhg

He is not previously a knwn hypertensive and has no family history of same.

Has no other medical history of note.

Secondary hypertension is suspected based on age and patient is hereby referred to internal medicine.

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
14-Oct-2024	9	Consultation GP (General Consultation)	1	**30.00**
14-Oct-2024	86140	C-reactive protein; (Lab)	1	**12.60**
14-Oct-2024	85025	Blood count; complete (CBC), automated (Hgb, Hct, (Lab)	1	**15.30**
14-Oct-2024	80051	Electrolyte panel This panel must include the foll (Lab)	1	**24.30**
				82.20

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	14-Oct-2024	Enomen Goodluck	G43.919	Migraine, unsp, intractable, without status migrainosus			Admitting Provider
Secondary	14-Oct-2024	Enomen Goodluck	R51.9	Headache, unspecified			Admitting Provider
Secondary	14-Oct-2024	Enomen Goodluck	I15.9	Secondary hypertension, unspecified			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: AL MADALLAH RN4**	**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:

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

Date: 14-10-2024	Date: 14-10-2024

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