



Claim Form

استمارة المطالبة

No:

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

Date: 09-Dec-2024 Healthcare Provider: CITICARE MEDICAL CENTER LLC

PATIENT INFORMATION

Patient's Name (as on card) MOHAMED HAMDY MOHAMED KHODEIR ☐ Mr. ☐ Mrs. ☐ Ms.

Card # Policy No. Birth Date : 06-May-1986 Sex: Male

784-1986-5828590-7 dd mm yy

INFORMATION

To be completed by Physician

Date of present symptoms: 09/12/2024 Symptom(s) as described by Patient:

dd mm yy

Complaint

Previously seen yesterday

Represented today for similar complaint (lower abdominal pain).

Pain is colicky, waxes and wane and associated with diarrhea for which he has had 6 episodes today.

There is no vomiting and no abdominal distension.

Abdominal Exam:

Marked right iliac fossa tenderness with mild peritonitis (rebound tenderness).

CBC report is not yet available.

Patient is counselled to continue antibiotics as previously prescribed.

Pre-existing Condition(s) being treated for : ☐ No ☐ Yes

Chronic Medications: ☐ No ☐ Yes If Yes Specify

Family History of any Illness ☐ No ☐ Yes

OBJECTIVE/ASSESSMENT

To be completed by Physician

Clinical Finding

Date	CPT Code	Treatment	Qty	Unit Price
09-Dec-2024	9.01	Follow Up - Consultation GP (General Consultation)	1	0.00
09-Dec-2024	0102-152902-1001	LACTATED RINGERS INJECTION USP (Pharmacy)	1	5.00
09-Dec-2024	96360	Intravenous infusion, hydration; initial, 31 minut (Co.Pay)	1	32.40
09-Dec-2024	96375	Therapeutic, prophylactic, or diagnostic injection (Co.Pay)	1	10.80
09-Dec-2024	96374	Therapeutic, prophylactic, or diagnostic injection (Co.Pay)	1	10.80
09-Dec-2024	0005-174202-0781	RISEK 40MG (Pharmacy)	1	34.00

97.60

Date	CPT Code	Treatment	Qty	Unit Price
09-Dec-2024	0005-136504-1021	SCOPINAL (Pharmacy)	2	4.60
				97.60

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

Assessment/ Diagnosis	☐ Acute	☐ Chronic	☐ Confirmed	☐ Suspected
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Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Primary	09-Dec-2024	Enomen Goodluck	K36	Other appendicitis	subacute		Admitting Provider
Secondary	09-Dec-2024	Enomen Goodluck	K29.00	Acute gastritis without bleeding			Admitting Provider
Secondary	09-Dec-2024	Enomen Goodluck	A09	Infectious gastroenteritis and colitis, unspecified			Admitting Provider
Secondary	09-Dec-2024	Enomen Goodluck	R19.7	Diarrhea, 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	
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Tel/Fax: 1234567

 Dr. Enomen Goodluck Ekata General Practitioner DHA No: 28040827-001 CITICARE MEDICAL CENTER LLC DUBAI - U.A.E.	
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Signature & Stamp:
Date: 09-12-2024 **Date: 09-12-2024**
 Claims should be submitted with supporting documents within 30 days from date of service or as per contract.