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:	12-Dec-2024	Healthcare Provider:	CITICARE MEDICAL CENTER LLC

PATIENT INFORMATION

Patient's Name (as on card)	Shahid Mahmood Muhammad Sharif	○ Mr. ○ Mrs. ○ Ms.			
Card #	Policy No.	Birth Date :	20-Feb-1986 dd mm yy	Sex:	Male
784-1986-9454300-4					

INFORMATION

To be completed by Physician

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

Complaint

PC: Frequency of urine, poluuria and polydypsea.

Requesting medication refill

Also has cough.

Known diabetic on routine maintenance for the last 10years.

Last laboratory investigation was over 2months ago.

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
12-Dec-2024	9	Consultation GP **(General Consultation)**	1	**30.00**
12-Dec-2024	82947	Glucose; quantitative, blood (except reagent strip **(Lab)**	1	**6.30**
12-Dec-2024	83036	Hemoglobin; glycosylated (A1C) **(Lab)**	1	**16.20**
				52.50

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	12-Dec-2024	Enomen Goodluck	E11.65	Type 2 diabetes mellitus with hyperglycemia			Admitting Provider
Secondary	12-Dec-2024	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified			Admitting Provider
Secondary	12-Dec-2024	Enomen Goodluck	R05	Cough			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	12-Dec-2024	Enomen Goodluck	R35.8	Other polyuria			Admitting Provider
Secondary	12-Dec-2024	Enomen Goodluck	Z79.899	Other long term (current) drug therapy			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: 12-12-2024		Date: 12-12-2024	

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