AL MADALLAH Form



Claim Form استمارة المطالبة

No:	
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Please complete all the fields For Pre Approval kindly call our Help Line for 24 hours: 04 559 1322 Fax: +9714 434 2310

Policy No.	Date:	17-Dec-	2024	Heal	lthcare Provid	er:			CITICARE MEDIC	AL CEN	TER L	LC			
Care # Policy No.	PATII	ENT IN	IFORMA'	ΓΙΟ	N										
Minth Date	Patient's Name (as on card) Muhammad Hassan Altaf			Altaf Ahn	nad OMr. OMrs. OMs.										
Table	Card #		Policy No.					D' de Dodo		, l	Cove	Mal			
17/12 2024 20 20 20 20 20 20	784-1999-6403885-7							Birth Date :		dd m		sex.	Iviai	INIGE	
Symptom(s) as described by Patient:	INFO	RMAT	ION						To be completed by	Physicia	ın		·		
Complaint	Deta of present symptoms:					Symptom(a) as described by Detient:									
Pre-existing Condition(s) being treated for : Chronic Medications	Date of	present s.	ymptoms.	dd i	тт уу		Sympton	11(3) 43 4636	Tibed by I diferit.						
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Parally History of any Illness	Pre-exis	ting Con	dition(s) being	g treat	ted for:		○No		○ Yes						
No	-						○ No		○ Yes						
Presunt Pres		ilistory o	any miness				○ No		○ Yes	Spec	ily				
Presurized or nonpressurized inhalation treatment Other															
17-Dec-2024 94640 94640 PULMICORT 1 14.40 17-Dec-2024 9188-135906-2441 PULMICORT Purventive Preventive Preven		Finding	<u> </u>												
1	Date		CPT Cod	le									Qty	Unit Price	
1	17 Dec 2024 Q			-							1	30.00			
Cause Physical Illness Accident Maternity Preventive Psychiatric Dental Work Related	17-Dec-2024 94640								inhalation treatment			1		14.40	
Cause Physical Illness Accident Maternity Preventive Psychiatric Dental Work Related Other(s) Explain Assessment/ Diagnosis Accident Doctor ICD Code Diagnosis Notes year Problem Role Primary 17-Dec-2024 AHSAN HUSSAIN ROS Cough AHSAN HUSSAIN BOS Cough AHSAN HUSSAIN BOS Cough Admitting Provider MEDICAL PLAN Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to consider the claim Consultation Physiotherapy Laboratory Readiology/Other Pharmacy Pre-authorization Required for: As per agreed tariff Full details of proposed treatment/Surgery/Medicine: Approval Code: IN-PATTENT Discharge summary, Itemized Invoices, Report, Results should be attached	17-Dec-2024 0188-135906			906-2	16-7441							1		10.48	
Other(s) Explain Assessment/ Diagnosis Agency Date Doctor Type Date Doctor ICD Code Diagnosis Notes Very Problem Role Admitting Provider Laboratory Radiology/Other Pharmacy For Almadallah's Use only Pre-authorization Required for: As per agreed tariff Approval Code: N-PATHENT Discharge summary, Itemized Invoices, Report, Results should be attached						(2								54.88	
Assessment/ Diagnosis Acute	Cause	Cause Physical Illness		Accident		☐ Maternity		Preventive	Psychiatric		☐ Denta	tal Work Related			
Type Date Doctor ICD Code Diagnosis Notes year Problem Role Primary 17-Dec-2024 AHSAN HUSSAIN R05 Cough Secondary 17-Dec-2024 AHSAN HUSSAIN J20.9 Acute bronchitis, unspecified Admitting Provider MEDICAL PLAN Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to consider the claim Consultation Physiotherapy Databoratory 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	Otho	er(s) Exp	olain							•					
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Discharge summary, Itemized Invoices, Report, Results should be attached															
Discharge summary, Itemized Invoices, Report, Results should be attached															
Discharge summary, Itemized Invoices, Report, Results should be attached	IN-PA	TIEN	Γ				1			-					
Length of stay: Provider: AL MADALLAH RN4 Cost:				d Inv	oices, Report,	Results sh	ould be a	ttached							
	Length	of stay:							Provider: AL MAD	ALLAI	H 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: AHSAN HUSSAIN		Г	atient/Guardian ignature					
Tel/Fax: 0521644729		·						
Dr. Ahsan Hussain General Practitioner DHA No: 87543659-001 CITICARE MEDICAL CENTER DUBAI • U.A.E.								
Date: 17-12-2024	Dat	te: 17-12-2024						
Claims should be submitted with supporting documents within 30 days from date of service or as per contract.								