


INAYAH TPA (L.L.C)
Pre -Authorization / Direct B

Request for Cashless Hospitalization / Direct Billing for Medical Insurance Policy

Details of the Third Party Administrator

Name of TPA/ Insurance Company: INAYAH TPA (L.L.C)
 Toll Free/Phone Number: 800-462924 / +971 4 3552354
 Fax: +971 4 3512339

To be filled by the Insured / Patient

Name of the Patient: NOOOR MOHAMMED KHAN TAJ MOHAMMED KHAN
 Gender: ☒ Male ☐ Female Age: 27Y - 11M - 9D Contact Number: 050740271
 INAYAH ID Card Number: 59AO-A-NLBR-G23 Policy Number/Corporate:
 Currently do you have any other Mediclaim/ Health Insurance ☐ Yes ☐ No

Company Name / Details:

Policy No:

Sum Insured:

Name of the Family Physician:

Contact Number:

To be Filled by the Treating Doctor / Hospital

Name of the Treating Doctor: Enomen Goodluck Contact Number: Enomen Goodluck

Nature of illness/ Disease with presenting complaints: PC: High grade fever, pain in thraot, blocked ears and nasal congestion.
 Duration: 6days
 recent history of travel to Saudi.

Relevant Clinical Finding: BP:121 TEMP:38 Pulse:102 Notes:RISK OF FALL

Duration of the Present Ailment:

Date of First Consultation:

Past history of Present Ailment,if any:

Provisional Diagnosis: Acute upper respiratory infection, unspecified, Acute serous otitis media, bilateral, Fever, unspecified, Myalgia, other site

ICD 10 Code:J06.9, H65.03, R

Proposed Line of Treatment: ☐ Medical Management ☐ Surgical Management ☐ Intensive Care
☐ Investigation ☐ Non Allopathic Treatment

96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular, 96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour, 96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure), 96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug, 96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug, 96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour, 96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular, 96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Route of Drug Administration: (LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS, TABLETS (14S, BLISTER PACK, 7, (IBUPROFEN : 400 MG TABLETS, TABLETS (24S, BLISTER PACK, 4, (PREDNISOLONE : 5 MG) TABLETS, TABLETS (20S, BLISTER PACK), 7, (CEFIXIME : 400 MG CAPSULES (HARD GELATIN, CAPSULES (HARD GELATIN (6S, BLISTER PACK, 6, (SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE), SYRUP (SUGAR FREE) (120ML, GLASS BOTTLE), 7

If Surgical,
Name of
Surgery:

ICD 10 PCS
Code:

If other
treatments
provide details:

How did this
injury occur:

In case of
Accidents:

Is it RTA? ☐ Yes ☐ No

Date of injury:

Reported to
Police?

☐ Yes ☐ No

Injury/ Disease
caused due to
substance
abuse/ alcohol
consumption?

☐ Yes ☐ No

Test conducted
to establish
this?

☐ Yes ☐ No (If Yes, attach reports)

In case of
Maternity:

☐ G ☐ P ☐ L ☐

LMP:

Detail(s) of Patient Admitted:

Mandatory: Past History of any chronic

Date of Admission:

Time:

Is this an Emergency/Planned
Hospitalization?

☐ Diabetes Mellitus

if yes sin
(month/

Expected No. of days of stay in Hospital:		Days	☐ Heart Disease
Room Type/Category:			
Per Day Room Rent + Nursing and Service Charges + Patient's Diet:		AED	☐ Hypertension
Expected cost for Investigation + Diagnostics:		AED	☐ Hyperlipidemias
ICU charges:		AED	
OT charges:		AED	☐ Osteoarthritis
Professional Fee(Surgeon) + Anaesthetists Fee+ Consultation Charges:		AED	☐ Asthma/ COPD/ Bronchitis
Medicines + Consumables+ Cost of Implants (if Applicable please specify). Other Hospital Expenses if any:		AED	☐ Cancer, Tumor, Cyst or growth of any kind
All Inclusive package charges applicable,if any:		AED	☐ Alcohol or drug abuse
Probable Date of Admission :			
Less than 24 Hours:	☐ Yes ☐ No		
Sum Total Expected Cost of Hospitalization:		AED	☐ Any HIV or STD/ Related Ailments
			☐ Epilepsy or Tuberculosis
			☐ Any Physical Disability or Disease of Eye
			☐ Depression, Mental or psychiatric condition
			☐ Disorder of bones, joints or muscles
			☐ Stroke, Anemia, any Blood Disorder, Chest Pain, elevated cholesterol, disorder of kidney or genitor- urinary system, liver disorder, hepatitis (including
			☐ Any disease or Disorder of Brain & Nervous System,
			☐ At any stage during the past 5 years, have you either been prescribed medication (other than for cold or flu) or received medical treatment/ advice on a regular

☐ Any other ailment give details:

Medical Plan (Itemized Orginal Invoices and Applicable Prescriptions/ Reports/ Results must be consider claim)

Pharmacy	Estimated Cost
(LORATADINE : 5 MG (PSEUDOEPHEDRINE SULPHATE : 120 MG TABLETS	1.1400
(IBUPROFEN : 400 MG TABLETS	0.0000
(PREDNISOLONE : 5 MG) TABLETS	0.0000
(CEFIXIME : 400 MG CAPSULES (HARD GELATIN	0.0000
(SODIUM CITRATE : 57 MG/5ML) (AMMONIUM CHLORIDE : 131.5 MG/5 ML) (MENTHOL : 1.1 MG/5 ML) (DIPHENHYDRAMINE : 13.5 MG/5ML) SYRUP (SUGAR FREE)	0.0000

Hospital Declaration:

- 1) We have no objection to any authorized official documents pertaining to insured's hospitalization.
- 2) All valid original documents countersigned by the insured to be dispatched to INAYAH TPA (L.L.C), Dubai office within 7 day patients' discharge.
- 3) All non-medical expenses and expenses not relevant to the hospitalization or illness which is not payable by INAYAH TPA (L.L.C) collected from the patient.
- 4) INAYAH TPA (L.L.C) will not be liable to make the payment in the event of any discrepancy between the facts presented at submission of final documentation and pre- authorization request.
- 5) The patient declaration has been signed by the patient or his representative in our presence.

Patient's Declaration:

- 1) I agree to allow the hospital to submit all original documents pertaining to the hospitalization to INAYAH TPA (L.L.C) after discharge.
- 2) In case INAYAH TPA (L.L.C) is not liable to settle the hospital bill to discrepancy in documentation, I take complete responsibility for the bill.
- 3) All non-medical expenses, expenses not relevant to the present hospitalization amount, over and above the limit authorized by INAYAH TPA (L.L.C) will be paid by me.
- 4) I hereby declare to abide by the rules and regulations of the policy and if at any time the facts disclosed by me are found to be incorrect. I forfeit my right to the claim.
- 5) I agree and understand that INAYAH TPA (L.L.C) is in no way warranting the services provided by the hospital to be of a particular standard.
- 6) I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false statement, suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeited. I declare that in respect of the above treatment no benefits are admissible under any other medical scheme or insurance.



Provider's Seal

Treating Doctor's Signature

Patient/Insured Signature

NOOOR MOHAMMAD
MOHAMME

Patient/ Insured