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:	10-Jan-2025	Healthcare Provider:	CITICARE MEDICAL CENTER LLC

PATIENT INFORMATION

Patient's Name (as on card)	Abdulla Ahmed Abdulla Bin Darwiesh Alshehhi	○ Mr. ○ Mrs. ○ Ms.			
Card #	Policy No.	Birth Date :	30-Mar-1994 dd mm yy	Sex:	Male
784-1994-9097261-1					

INFORMATION

To be completed by Physician

Date of present symptoms:	10/01/2025 dd mm yy	Symptom(s) as described by Patient:

Complaint

PC: Pain in throat, cough and congestion in the chest.

there is associated fever

duration: 3 days..

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
10-Jan-2025	9	Consultation Gp **(General Consultation)**	1	**60.00**
10-Jan-2025	96372	Therapeutic, Prophylactic, Or Diagnostic Injection **(Co.Pay)**	1	**19.00**
10-Jan-2025	0005-149902-1021	CLOFEN **(Pharmacy)**	1	**6.50**
10-Jan-2025	0125-122107-1022	DEXAMETHASONE SODIUM PHOSPHATE **(Pharmacy)**	1	**2.34**
10-Jan-2025	0188-135906-2441	PULMICORT **(Pharmacy)**	1	**10.48**
10-Jan-2025	94640	Pressurized Or Nonpressurized Inhalation Treatment **(Co.Pay)**	1	**52.00**
				150.32

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	10-Jan-2025	Enomen Goodluck	J20.9	Acute bronchitis, unspecified			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	10-Jan-2025	Enomen Goodluck	J06.9	Acute upper respiratory infection, unspecified			Admitting Provider
Secondary	10-Jan-2025	Enomen Goodluck	J30.9	Allergic rhinitis, unspecified			Admitting Provider
Secondary	10-Jan-2025	Enomen Goodluck	J01.90	Acute sinusitis, unspecified			Admitting Provider
Secondary	10-Jan-2025	Enomen Goodluck	R50.9	Fever, 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:

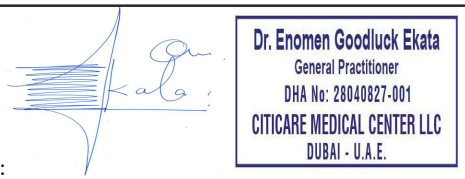
IN-PATIENT

Discharge summary, Itemized Invoices, Report, Results should be attached

Length of stay:	**Provider: ALMadallah GN+ GN RN GOVT POLICE DEWA**	**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: 	
Date: 10-01-2025	Date: 10-01-2025

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