Patient 45520 ARAVIND SURESH KUMAR SURESH KUMAR 784-2001-5390588-8
First Time 24 Male Indian W AL MADALLAH RN4 - QATAR INSURANCE COMPANY - Default Scheme (99999)
Medical History (patient_history.aspx?patId=55557)
Billing History (patient_accounts.aspx?patId=55557)

Appointment Visit ID 56948 13-Jan-2025 Humaira - General - DHA-P-54155530
MRN Activities(Log) Insurance Cards EMID Card

Vitals Alert This Patient has Vitals for Temp: 37.2°C, Pulse: 102bpm, BP: 137mmHg, Height: 76cm, Weight: 171kg, BMI 296.05(Obese), Blood Sugar

DHA Requirment : Mar

Start Time | Nurse Station | Doctor Evaluation | Orthopedic Case Assessment | Diagnosis
Treatments/Procedures | Packages | Prescription | Reimbursement Forms | Documents
Progress Notes | Addendum | AL MADALLAH | Other Forms | Sick Leave | End Time
Visit Summary Sheet | Nabidh Clinical Docs | Audit Log | Radiology | Laboratory | Health Declaration
Signed Documents | Image Comparison

Secondary	13-Jan-2025	Humaira	K29.00	Acute gastritis without bleeding

MEDICAL PLAN

Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to co

☐ Consultation	☐ Physiotherapy	☐ Laboratory	☐ Radiology/O
			For Almadallal
Pre-authorization Required for:			As per agreed ta
Full details of proposed treatment/Surgery/Medicine:	0005-116702-2481 - (DIPHENHYDRAMINE : 12.5 MG/5ML SYRUP (SUGAR FREE,0207-533801-1451 - (ESOMEPRAZOLE (AS MAGNESIUM : 20 MG CAPSULES (HARD GELATIN,0005-107001-0051 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0097-127405-0391 - (AZITHROMYCIN : 500 MG FILM COATED TABLETS,0195-123701-0391 - (CETIRIZINE HCL : 10 MG) FILM COATED TABLETS,		Approval Code:

IN-PATIENT

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

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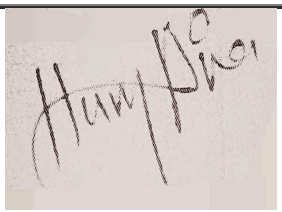
Length of stay:	**Provider: AL MADALLAH RN4**	**Cost**

The above information is true to the best of my knowledge. I hereby authorize any Healthcare Provider, Insurer, Employer any information regarding my medical conditions & history to **ALMADALLAH** for the purpose of determining insurance ben

Treating Physician Name: Humaira	Humaira	**Patient/Guardi signature**
Tel/Fax: 0524244416		
Signature & Stamp: 		
Date: 13-01-2025	Date: 13-01-2025	
Claims should be submitted with supporting documents within 30 days from date of service or as per contract.		

Patient Signature | Save | Close | Print