

AL MADALLAH Form



Claim Form

استمارة المطالبة

No:

Please complete all the fields

For Pre Approval kindly call our Help Line for 24 hours: 04 559 1322 Fax: +9714 434 2310

Date: 30-Jan-2025 Healthcare Provider: CITICARE MEDICAL CENTER LLC

PATIENT INFORMATION

Patient's Name (as on card) HAMAD KHURSHID KHURSHID AHMED ☐ Mr. ☐ Mrs. ☐ Ms.

Card # 784-2000-3796310-3 Policy No. Birth Date : 24-Nov-2000 Sex: Male

dd mm yy

INFORMATION

To be completed by Physician

Date of present symptoms: 30/01/2025 Symptom(s) as described by Patient:

dd mm yy

Pre-existing Condition(s) being treated for : ☐ No ☐ Yes

Chronic Medications: ☐ No ☐ Yes If Yes Specify

Family History of any Illness ☐ No ☐ Yes

OBJECTIVE/ASSESSMENT

To be completed by Physician

Clinical Finding

Date	CPT Code	Treatment	Qty	Unit Price
30-Jan-2025	9	Consultation GP (General Consultation)	1	30.00
				30.00

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	30-Jan-2025	SANDIA	H57.10	Ocular pain, unspecified eye			Admitting Provider

MEDICAL PLAN

Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to consider the claim

☐ Consultation ☐ Physiotherapy ☐ Laboratory ☐ Radiology/Other ☐ Pharmacy

Pre-authorization Required for: As per agreed tariff

Full details of proposed treatment/Surgery/Medicine: Approval Code:

IN-PATIENT

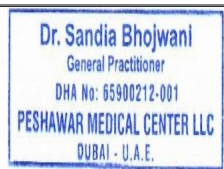
Discharge summary, Itemized Invoices, Report, Results should be attached

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: SANDIA Patient/Guardian signature

Tel/Fax:

Signature & Stamp:  

Date: 30-01-2025 Date: 30-01-2025

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