AL MADALLAH Form





No:	

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

								ICITICA DE NACDICA				
	30-Jan-202		Healthcare Provider:					CITICARE MEDICAL CENTER LLC				
	IT INFOR											
Patient's	s Name (as	on card)	SOE M	I MI TUN				OMr. OMrs.				
Card #			Policy No.					Birth Date :	10-May- 1994	-Sex:	Female	2
784-1994-1222739-1							dd mm yy		1			
INFORMATION					To be completed by Physician							
Date of present symptom			30/01/2025			Compate	ma (a) a a da a a n	ibed by Patient:				
		iptoms:	dd m	m yy		Symptor	m(s) as descr	ibed by Patient:				
Compl	aint											
pt com	n[lains of diz	zziness , he	adache	since 2 days.								
	and drinkir			·								
dizzine	ess disturbs	sleeping										
no nau	isea or vom	niting										
pt look	ks pale, deh	ydrated an	d ill.									
o/e ch	est is clear											
						ONe		Voc				
	ting Condition		treate	d for :		○ No		○ Yes				
Chronic	Medication	s:	treate	d for :		○ No		○ Yes	If Yes			
Chronic		s:	treate	d for :		_		-	If Yes Specify			
Chronic Family H	Medication	is: ny Illness	treate	d for :		ONo		○ Yes	Specify			
Chronic Family H	Medication listory of an	is: ny Illness	treate	d for :		ONo		○ Yes	Specify			
Chronic Family H	Medication listory of an	is: ny Illness		d for :	Treatmen	○ No		○ Yes	Specify		Qty	Unit Price
Chronic Family H OBJECTI Clinical F	Medication: listory of an VE/ASSESSI Finding	ny Illness MENT	1		SODIUM	No No	E & DEXTROS	○ Yes ○ Yes To be completed b	Specify		Qty 1	Unit Price
Chronic Family H OBJECTI Clinical F Date 30-Jan	Medication listory of an VE/ASSESSI Finding	MENT CPT Code 0102-100	1		SODIUM (Pharmac	No N		○ Yes ○ Yes To be completed b	Specify		1	4.50
Chronic Family H OBJECTI Clinical F Date	Medication listory of an VE/ASSESSI Finding	MENT CPT Code	1		SODIUM (Pharmac Intraveno (Co.Pay)	No N	on, hydration	Yes Yes To be completed be EB.P. ; initial, 31 minut	Specify Physician			
Chronic Family H OBJECTI Clinical F Date 30-Jan	Medication listory of an VE/ASSESSI Finding -2025	MENT CPT Code 0102-100	1		SODIUM (Pharmac Intraveno (Co.Pay)	No N	on, hydration	Yes Yes To be completed be	Specify Physician		1	4.50
Chronic Family H OBJECTI Clinical F Date 30-Jan 30-Jan	Medication listory of an VE/ASSESSI Finding -2025 -2025	MENT CPT Code 0102-100 96360	1		SODIUM (Pharmac Intraveno (Co.Pay)	No N	on, hydration olete (CBC), a	Yes Yes To be completed be EB.P. ; initial, 31 minut	Specify Physician		1	4.50 32.40
Chronic Family H OBJECTI Clinical F Date 30-Jan 30-Jan	Medication listory of an VE/ASSESSI Finding -2025 -2025	MENT CPT Code 0102-100 96360 85025	1		SODIUM (Pharmac Intraveno (Co.Pay) Blood cou (Lab) Consultat	No N	on, hydration olete (CBC), a	Yes Yes To be completed be EB.P. ; initial, 31 minut	Specify Physician		1 1 1	4.50 32.40 15.30 30.00
Chronic Family H OBJECTI Clinical F Date 30-Jan 30-Jan	Medication listory of an VE/ASSESSI Finding -2025 -2025	MENT CPT Code 0102-100 96360 85025	104-10		SODIUM (Pharmac Intraveno (Co.Pay) Blood cou (Lab) Consultat	No N	on, hydration blete (CBC), a	Yes Yes To be completed be EB.P. ; initial, 31 minut	Specify Ty Physician tt,	Dent	1 1 1 1	4.50 32.40 15.30 30.00
Chronic Family H OBJECTI' Clinical F Date 30-Jan 30-Jan 30-Jan Cause	Medication. listory of an VE/ASSESSI Finding -2025 -2025 -2025 -Physica	MENT CPT Code 0102-100 96360 85025 9	104-10	001	SODIUM (Pharmac Intraveno (Co.Pay) Blood cou (Lab) Consultat	No N	on, hydration blete (CBC), a	Yes Yes To be completed be E B.P. ; initial, 31 minut utomated (Hgb, Hc	Specify Ty Physician t,	c Dent	1 1 1 1	4.50 32.40 15.30 30.00 82.20
Chronic Family H OBJECTI' Clinical F Date 30-Jan 30-Jan 30-Jan Cause	Medication listory of an VE/ASSESSI Finding -2025 -2025 -2025 -Physica Pr(s) Explain	MENT CPT Code 0102-100 96360 85025 9	104-10	001	SODIUM (Pharmac Intraveno (Co.Pay) Blood cou (Lab) Consultat	No N	on, hydration blete (CBC), a	Yes Yes To be completed be E B.P. ; initial, 31 minut utomated (Hgb, Hc	Specify Ty Physician tt,	c Dent	1 1 1 1 1 Wor	4.50 32.40 15.30 30.00 82.20 k Related
Chronic Family H OBJECTI' Clinical F Date 30-Jan 30-Jan 30-Jan Cause	Medication listory of an VE/ASSESSI Finding -2025 -2025 -2025 -2025 Physica er(s) Explain	SE: The property of the prope	104-10	001 Cident	SODIUM (Pharmace Intraveno (Co.Pay) Blood cou (Lab) Consultat (General	No No No No No No Mt CHLORIDE Cy) us infusion unt; comp	on, hydration blete (CBC), a tion) ernity	Yes Yes To be completed be E B.P. ; initial, 31 minut utomated (Hgb, Hc	Specify Ty Physician tt, Psychiatri Chronic	Confirme	1 1 1 1 Susped	4.50 32.40 15.30 30.00 82.20 k Related
Chronic Family H OBJECTI' Clinical F Date 30-Jan 30-Jan 30-Jan Cause Othe Assessm	Medication listory of an VE/ASSESSI Finding -2025 -2025 -2025 -2025 -Physica er(s) Explain	S: ny Illness MENT CPT Code 0102-100 96360 85025 9 al Illness nosis Date	D104-10	Doctor	SODIUM (Pharmace Intraveno (Co.Pay) Blood cou (Lab) Consultat (General	No No No No No No Mt CHLORIDE Cy) us infusion unt; comp ion GP Consultat	on, hydration plete (CBC), a tion) ernity Diagnosis	Yes Yes To be completed be E B.P. ; initial, 31 minut utomated (Hgb, Hc	specify y Physician t, Psychiatri	c	1 1 1 1 Suspend Suspend	4.50 32.40 15.30 30.00 82.20 k Related
Chronic Family H OBJECTI' Clinical F Date 30-Jan 30-Jan 30-Jan Cause Othe Assessm	Medication. listory of an VE/ASSESSI Finding -2025 -2025 -2025 -2025 Physica er(s) Explain ment/ Diagn ldary Signature Edary Signature Signature	SE: The property of the prope	Acc	001 Cident	SODIUM (Pharmace Intraveno (Co.Pay) Blood cou (Lab) Consultat (General	No No No No No No One CHLORIDE Cy) us infusion unt; comp ion GP Consultat Code 1.9	on, hydration plete (CBC), a tion) ernity Diagnosis	Yes Yes To be completed be E B.P. ; initial, 31 minut utomated (Hgb, Hc) Preventive Acute ac, unspecified	Specify Ty Physician tt, Psychiatri Chronic	Confirme	1 1 1 1 Susped Susped Problem	4.50 32.40 15.30 30.00 82.20 k Related

☐ Consultation	☐ Physiotherapy	☐ Laboratory	☐ Radiology/Other ☐ Pharmacy				
	<u> </u>		For Almadallah's Use only				
Pre-authorization Required	for:		As per agreed tariff				
Full details of proposed tre	eatment/Surgery/Medicine:		Approval Code:				
IN-PATIENT							
Discharge summary, Itemi	zed Invoices, Report, Results should be attac	hed					
Length of stay:		Provider: AL MADA	LLAH RN4 Cost:				
	rue to the best of my knowledge. I hereby aut my medical conditions & history to ALMADAI		Insurer, Employer or other Organization to release ining insurance benefits				
Treating Physician Name:	SANDIA		Patient/Guardian signature				
Tel/Fax:							
Signature & Stamp:	Dr. Sandia Bhojwani General Practitioner DHA NO: 65900212-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.						
Date: 30-01-2025		Date: 30-01-2025	Date: 30-01-2025				
Claims should be submitte	d with supporting documents within 30 days		ontract.				