



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:	15-Mar-2025	Healthcare Provider:	CITICARE MEDICAL CENTER LLC			
PATIENT INFORMATION						
Patient's Name (as on card)	ANOOP PARAPPARAMBIL ASOKAN PARAPPARAMBIL KARUNAN RUDRAN ASOKAN			☐ Mr. ☐ Mrs. ☐ Ms.		
Card #	Policy No.			Birth Date :	23-May-1987	Sex: Male
784-1987-3865171-4				dd mm yy		
INFORMATION				<i>To be completed by Physician</i>		
Date of present symptoms:	15/03/2025	Symptom(s) as described by Patient:				
dd mm yy						
Complaint						
pc : pain , bleding from SCALP AFTER INJURY o/e : laceration of 3*3 cm WITHOUT ANY FOREIGN BODY which is bleeding perfusly						
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				<i>To be completed by Physician</i>		
Clinical Finding						
Date	CPT Code	Treatment	Qty	Unit Price		
15-Mar-2025	9	Consultation GP (General Consultation)	1	30.00		
15-Mar-2025	96360	Intravenous infusion, hydration; initial, 31 minut (Co.Pay)	1	32.40		
15-Mar-2025	96372	Therapeutic, prophylactic, or diagnostic injection (Co.Pay)	1	9.00		
15-Mar-2025	0102-152902-1001	LACTATED RINGERS INJECTION USP (Pharmacy)	1	5.00		
15-Mar-2025	0005-149902-1021	CLOFEN (Pharmacy)	1	6.50		
15-Mar-2025	12002	Simple repair of superficial wounds of scalp, neck (Co.Pay)	1	233.10		
				316.00		
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
Primary	15-Mar-2025	DR Amaizah	S01.01XA	Laceration without foreign body of scalp, initial encounter		
Secondary	15-Mar-2025	DR Amaizah	R52	Pain, unspecified		
Secondary	15-Mar-2025	DR Amaizah	R03.1	Nonspecific low blood-pressure reading		
						Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	15-Mar-2025	DR Amaizah	E86.0	Dehydration			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

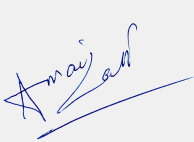
Length of stay:	Provider: AL MADALLAH RN4	Cost:
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The above information is true to the best of my knowledge. I hereby authorize any Healthcare Provider, Insurer, Employer or other Organization to release any information regarding my medical conditions & history to **ALMADALLAH** for the purpose of determining insurance benefits

Treating Physician Name: DR Amaizah	Patient/Guardian signature	
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Tel/Fax: 0561012068

Signature & Stamp:	
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Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Date: 15-03-2025

Date: 15-03-2025

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