

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	Problem Role
Primary	15-Mar-2025	DR Amaizah	S01.01XA	Laceration without foreign body of scalp, initial encounter			Admitting Provider
Secondary	15-Mar-2025	DR Amaizah	R52	Pain, unspecified			Admitting Provider
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:		

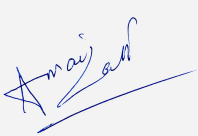
IN-PATIENT
Discharge summary, Itemized Invoices, Report, Results should be attached

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

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	
-------------------------------------	----------------------------	---

Tel/Fax: 0561012068

Signature & Stamp:	 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.