



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:	19-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:	19/03/2025	Symptom(s) as described by Patient:				
dd mm yy						
Complaint						
pc : hx of injury with kitchen knife while he was sharpening knife on 18/03/25 presented with perfuse bleeding from wound and severe pain which is 7 on pain scale started 18/03/25 associated with feeling dizzy with cold and low blood pressure 18/03/25 o/e : look plae , week pulse , cold periphery low blood pressure 90/60 mmhg 3*3 cm lacerated wound on left hand medial half involving little finger without foreign body with perfuse bleeding on						
Pre-existing Condition(s) being treated for :				☐ No	☐ Yes	
Chronic Medications:				☐ No	☐ Yes	If Yes
Family History of any Illness				☐ No	☐ Yes	Specify
OBJECTIVE/ASSESSMENT				<i>To be completed by Physician</i>		
Clinical Finding						
Date	CPT Code	Treatment	Qty	Unit Price		
19-Mar-2025	12042	Repair, intermediate, wounds of neck, hands, feet (Co.Pay)	1	510.30		
19-Mar-2025	0005-149902-1021	CLOFEN (Pharmacy)	1	6.50		
19-Mar-2025	96372	Therapeutic, prophylactic, or diagnostic injection (Co.Pay)	1	9.00		
19-Mar-2025	0102-152902-1001	LACTATED RINGERS INJECTION USP (Pharmacy)	1	5.00		
19-Mar-2025	96360	Intravenous infusion, hydration; initial, 31 minut (Co.Pay)	1	32.40		
19-Mar-2025	9	Consultation GP (General Consultation)	1	30.00		
				593.20		
Cause	☐ Physical Illness	☐ Accident	☐ Maternity	☐ Preventive	☐ Psychiatric	☐ Dental
☐ Work Related						
☐ Other(s) Explain						

Assessment/ Diagnosis					☐ Acute	☐ Chronic	☐ Confirmed	☐ Suspected
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Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Primary	19-Mar-2025	DR Amaizah	S61.218S	Laceration w/o fb of finger w/o damage to nail, sequela			Admitting Provider
Secondary	19-Mar-2025	DR Amaizah	S61.412A	Laceration without foreign body of left hand, init encntr			Admitting Provider
Secondary	19-Mar-2025	DR Amaizah	R52	Pain, unspecified			Admitting Provider
Secondary	19-Mar-2025	DR Amaizah	L03.90	Cellulitis, unspecified			Admitting Provider
Secondary	19-Mar-2025	DR Amaizah	R03.1	Nonspecific low blood-pressure reading			Admitting Provider

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

☐ Consultation	☐ Physiotherapy	☐ Laboratory	☐ Radiology/Other	☐ Pharmacy
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		<i>For Almadallah's Use only</i>
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	
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Signature & Stamp: Dr. Amaizah Ishtiaq General Practitioner DHA: 98486553-001 CITICARE MEDICAL CENTER DUBAI - U.A.E	
Date: 19-03-2025	Date: 19-03-2025

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