AL MADALLAH Form

almadallah Healthcare Management

Claim Form

استمـــارة المطالبة

Please complete all the fields

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

No:

Date:	23-Aug-2025	**Healthcare Provider:**	CITICARE MEDICAL CENTER LLC				
PATIENT INFORMATION							
Patient's Name (as on card)	ARBIN THAPA	○ Mr. ○ Mrs. ○ Ms.					
Card #	Policy No.	Birth Date :	03-Apr-1988	**Sex:**	Male		
784-1988-6504761-1			*dd mm yy*				
INFORMATION		***To be completed by Physician***					
Date of present symptoms:	23/08/2025 *dd mm yy*	Symptom(s) as described by Patient:					

Complaint

chief complain:

came with sore throat started 2 days back 21/08/25

associated with runny nose, headache, body pain, nasal congestion, cold, weakness.

on examination:

hyperemia and chest congestion

pain scale: 05

medicine allergy: nil

Pre-existing Condition(s) being treated for :	○ No	○ Yes	If Yes Specify	
Chronic Medications:	○ No	○ Yes		
Family History of any Illness	○ No	○ Yes		
OBJECTIVE/ASSESSMENT	***To be completed by Physician***			
Clinical Finding				

Date	CPT Code	Treatment	Qty	Unit Price
23-Aug-2025	9	Consultation GP **(General Consultation)**	1	**30.00**
23-Aug-2025	94640	Pressurized or nonpressurized inhalation treatment **(Co.Pay)**	1	**14.40**
23-Aug-2025	86140	C-reactive protein; **(Lab)**	1	**12.60**
23-Aug-2025	85025	Blood count; complete (CBC), automated (Hgb, Hct, **(Lab)**	1	**15.30**
23-Aug-2025	0188-135906-2441	PULMICORT **(Pharmacy)**	1	**10.48**
				82.78

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	23-Aug-2025	Dr.Farhan Iyas	J06.9	Acute upper respiratory infection, unspecified			Admitting Provider
Secondary	23-Aug-2025	Dr.Farhan Iyas	R07.0	Pain in throat			Admitting Provider
Secondary	23-Aug-2025	Dr.Farhan Iyas	R51.9	Headache, unspecified			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	23-Aug-2025	Dr.Farhan Iyas	R09.81	Nasal congestion			Admitting Provider
Secondary	23-Aug-2025	Dr.Farhan Iyas	R53.1	Weakness			Admitting Provider

MEDICAL PLAN

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

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

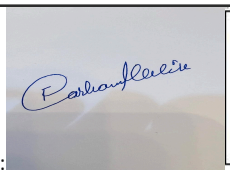
		For Almadallah's Use only
Pre-authorization Required for:		As per agreed tariff
Full details of proposed treatment/Surgery/Medicine:		Approval Code:

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.Farhan Iyas		**Patient/Guardian signature**	
Tel/Fax:			
Signature & Stamp:  Dr .Frahan Ilyas Malik Physician-General Practitioner DHA-06441782-001 CITICARE MEDICAL CENTER DUBAI U.A.E			
Date: 23-08-2025	Date: 23-08-2025		
Claims should be submitted with supporting documents within 30 days from date of service or as per contract.			