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:	08-Nov-2023	Healthcare Provider:	Irham Medical Center Arjan

PATIENT INFORMATION

Patient's Name (as on card)	MUNEER MUNNADATH PARAMBA	○ Mr. ○ Mrs. ○ Ms.			
Card #	Policy No.	Birth Date :	24-Jan-1974 (dd mm yy)	Sex:	Male
1659536					

INFORMATION

To be completed by Physician

Date of present symptoms:	08/11/2023 (dd mm yy)	Symptom(s) as described by Patient:

Complaint

Severe gastric pain and gaseous abdominal distension since five days started 3/11/2023

and came for refill the Hypertension medicines

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
08-Nov-2023	96374	Therapeutic, prophylactic, or diagnostic injection (Co.Pay)	2	11.00
08-Nov-2023	96367	Intravenous infusion, for therapy, prophylaxis, or (Co.Pay)	1	23.00
08-Nov-2023	0005-150403-1021	PREMOSAN (Pharmacy)	1	0.90
08-Nov-2023	0005-242802-0781	PANTONIX 40MG I.V. (Pharmacy)	1	29.50
08-Nov-2023	0102-100104-1001	SODIUM CHLORIDE & DEXTROSE B.P. (Pharmacy)	1	4.50
08-Nov-2023	9	Consultation GP (General Consultation)	1	30.00
				98.90

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	08-Nov-2023	Sajid Sanaullah	I10	Essential (primary) hypertension			Admitting Provider
Secondary	08-Nov-2023	Sajid Sanaullah	K29.70	Gastritis, unspecified, without bleeding			Admitting Provider
Secondary	08-Nov-2023	Sajid Sanaullah	R14.3	Flatulence			Admitting Provider
Secondary	08-Nov-2023	Sajid Sanaullah	E11.9	Type 2 diabetes mellitus without complications			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	08-Nov-2023	Sajid Sanaullah	E78.5	Hyperlipidemia, unspecified			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

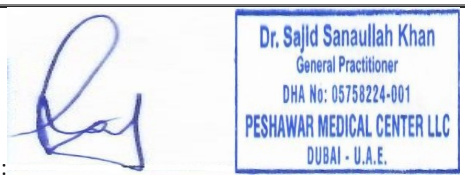
Length of stay:	**Provider: AL MADALLAH RN4**	**Cost:**

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: Sajid Sanaullah		**Patient/Guardian signature**	

Tel/Fax: 0501234567

Signature & Stamp:



Date: 08-11-2023	Date: 08-11-2023

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