

AL MADALLAH Form



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:	09-Dec-2023	Healthcare Provider:	Irham Medical Center Arjan				
PATIENT INFORMATION							
Patient's Name (as on card)	MOHAMMAD AKBAR MAZHAR KHAN		☐ Mr. ☐ Mrs. ☐ Ms.				
Card #	Policy No.	Birth Date :	20-Jun-1982	Sex:	Male		
1644326	IM250EEBP LSB		dd mm yy				
INFORMATION		<i>To be completed by Physician</i>					
Date of present symptoms:	09/12/2023	Symptom(s) as described by Patient:					
	dd mm yy						
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							
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
No Diagnosis History Found							
MEDICAL PLAN							
<i>Itemized Original Invoices & Applicable Prescriptions/Reports/Results must be enclosed to consider the claim</i>							

☐ 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 hossein karim		Patient/Guardian signature		
Tel/Fax:				
				
Signature & Stamp:				
Date: 09-12-2023		Date: 09-12-2023		
Claims should be submitted with supporting documents within 30 days from date of service or as per contract.				