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:	18-Dec-2023	**Healthcare Provider:**	Irham Medical Center Arjan

PATIENT INFORMATION

Patient's Name (as on card)	SUNNY DEEPAK MISTRY	○ Mr. ○ Mrs. ○ Ms.			
Card #	Policy No.	Birth Date :	10-Jun-1993 *dd mm yy*	**Sex:**	Male
1399704	DM200E3				

INFORMATION

To be completed by Physician

Date of present symptoms:	18/12/2023 *dd mm yy*	Symptom(s) as described by Patient:

Complaint

C/o: Cough productive of whitish sputum, fever, chest pain, abdominal pain and nausea.

A known asthmatic and hypertensive but not diabetic.

Uses NSAID for his long standing low back pain.

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

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	18-Dec-2023	Enomen Goodluck	K29.00	Acute gastritis without bleeding			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	J22	Unspecified acute lower respiratory infection			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	J45.41	Moderate persistent asthma with (acute) exacerbation			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	R06.2	Wheezing			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	I10	Essential (primary) hypertension			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	E78.2	Mixed hyperlipidemia			Admitting Provider
Secondary	18-Dec-2023	Enomen Goodluck	M54.5	Low back pain			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	18-Dec-2023	Enomen Goodluck	G43.009	Migraine w/o aura, not intractable, w/o status migrainosus			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 RN3**	**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: Enomen Goodluck		**Patient/Guardian signature**	

Tel/Fax: 1234567

Signature & Stamp:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 20040027-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Date: 18-12-2023	Date: 18-12-2023

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