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:	27-Dec-2023	**Healthcare Provider:**	Irham Medical Center Arjan				
PATIENT INFORMATION							
Patient's Name (as on card)	ARNOLD DE GUZMAN GONZALES	○ Mr. ○ Mrs. ○ Ms.					
Card #	Policy No.	Birth Date :	22-Nov-1972	**Sex:**	Male		
1451911	PM120E3		*dd mm yy*				
INFORMATION		***To be completed by Physician***					
Date of present symptoms:	27/12/2023 *dd mm yy*	Symptom(s) as described by Patient:					

Complaint

C/o: Diarrhea, Vomiting, abdominal pain.

Associated mucus in stool but no blood.

Also fever

Hypertensive and diabetic.

Abd: Scaphoid, marked epigastric tenderness

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	27-Dec-2023	Enomen Goodluck	K29.00	Acute gastritis without bleeding			Admitting Provider
Secondary	27-Dec-2023	Enomen Goodluck	A09	Infectious gastroenteritis and colitis, unspecified			Admitting Provider
Secondary	27-Dec-2023	Enomen Goodluck	E11.65	Type 2 diabetes mellitus with hyperglycemia			Admitting Provider
Secondary	27-Dec-2023	Enomen Goodluck	I10	Essential (primary) hypertension			Admitting Provider
Secondary	27-Dec-2023	Enomen Goodluck	I20.9	Angina pectoris, unspecified			Admitting Provider
Secondary	27-Dec-2023	Enomen Goodluck	K21.00	Gastro-esophageal reflux dis with esophagitis, without bleed			Admitting Provider

Type	Date	Doctor	ICD Code	Diagnosis	Notes	year	Problem Role
Secondary	27-Dec-2023	Enomen Goodluck	Z79.899	Other long term (current) drug therapy			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: 27-12-2023		Date: 27-12-2023	

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