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-Apr-2024	Healthcare Provider:	Irham Medical Center Arjan				
PATIENT INFORMATION							
Patient's Name (as on card)	Yam Bahadur Uchal	○ Mr. ○ Mrs. ○ Ms.					
Card #	Policy No.	Birth Date :	20-Aug-1991	Sex:	Male		
784-1991-6329870-8			dd mm yy				
INFORMATION		*To be completed by Physician*					
Date of present symptoms:	08/04/2024 dd mm yy	Symptom(s) as described by Patient:					

Complaint

Fever since this afternoon (6hours ago), it is high grade with associated chills and rigor.

Also has headache and myalgia.

There is no photophobia, no phonophobia and no neck pain,

There is no respiratory symptoms, no GIT symptoms, no urinary symptoms and no other complaint.

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	08-Apr-2024	Enomen Goodluck	J03.90	Acute tonsillitis, unspecified			Admitting Provider
Secondary	08-Apr-2024	Enomen Goodluck	J02.9	Acute pharyngitis, unspecified			Admitting Provider
Secondary	08-Apr-2024	Enomen Goodluck	R50.81	Fever presenting with conditions classified elsewhere			Admitting Provider
Secondary	08-Apr-2024	Enomen Goodluck	K29.00	Acute gastritis without bleeding			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: Enomen Goodluck		**Patient/Guardian signature**	
Tel/Fax: 1234567			
Signature & Stamp: Dr. Enomen Goodluck Ekata General Practitioner DHA No: 20040827-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.			
Date: 08-04-2024		Date: 08-04-2024	
Claims should be submitted with supporting documents within 30 days from date of service or as per contract.			