

Out-Patient

Claim Form

CLAIM DATE : 09/08/2022

Incident #: 13228893



Print

Insured Member & Provider Details

Member Name : لطيفة عليدين محمد الخالقي	CID : 287083000738	Member Mobile No. : 99588921
Affiliations/Doctor : Dr. Mansour Ghanm Al Ghanm	Policy No. : 6339	Package : Retirees Package 2022 (AFYA 2)
Provider Name : Al Salam International Hospital (H1)	Auth Status : REGISTERED	Specialty :

Special Exclusions	Waiting Period
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Chief Complaint & Symptoms

Date of illness: / / 2022 Chronic Acute Check Up Maternity LMP: / / 2022

Diagnoses & Treatments Details

Primary ICD 10: K58	IRRITABLE BOWEL SYNDROME
Secondary ICD 10: H04.121 H01.4	DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND VERTIGO OF CENTRAL ORIGIN

Code	Description	Code	Description
<input type="checkbox"/>	A09 Infectious gastroenteritis and colitis, unspecified	<input type="checkbox"/>	A84.9 Bacterial intestinal infection, unspecified
<input type="checkbox"/>	A08.8 Amebiasis, unspecified	<input type="checkbox"/>	A86.8 Other specified intestinal infections
<input type="checkbox"/>	A42.1 Abdominal actinomycosis	<input type="checkbox"/>	K29.9 Crohnitis, unspecified
<input type="checkbox"/>	K22.8 Disease of esophagus, unspecified	<input type="checkbox"/>	K25.0 Acute gastric ulcer with hemorrhage
<input type="checkbox"/>	K25.3 Acute gastric ulcer without hemorrhage or perforation	<input type="checkbox"/>	K26.0 Acute duodenal ulcer with hemorrhage
<input type="checkbox"/>	K58.8 Irritable bowel syndrome without diarrhea	<input type="checkbox"/>	K59.8 Constipation, unspecified
<input type="checkbox"/>	K62.89 Other specified diseases of anus and rectum	<input type="checkbox"/>	K80.8 Calculus of gallbladder w acute cholecystitis w/o obstruction
<input type="checkbox"/>	K27.0 Acute peptic ulcer, site unspecified, with hemorrhage	<input type="checkbox"/>	K27.3 Acute peptic ulcer, site unsp, w/o hemorrhage or perforation
<input type="checkbox"/>	K29.0 Acute gastritis without bleeding	<input type="checkbox"/>	K29.1 Acute gastritis with bleeding
<input type="checkbox"/>	K29.80 Duodenitis without bleeding	<input type="checkbox"/>	K29.80 Gastroduodenitis, unspecified, without bleeding
<input type="checkbox"/>	K30 Functional dyspepsia	<input type="checkbox"/>	K62.0 Gastroenteritis and colitis due to radiation
<input type="checkbox"/>	K32.89 Other specified noninfective gastroenteritis and colitis	<input type="checkbox"/>	K62.9 Noninfective gastroenteritis and colitis, unspecified
<input type="checkbox"/>	K80.20 Calculus of gallbladder w/o cholecystitis w/o obstruction	<input type="checkbox"/>	K80.80 Other cholelithiasis without obstruction
<input type="checkbox"/>	K81.0 Acute cholecystitis	<input type="checkbox"/>	K85.0 Acute pancreatitis, unspecified
<input type="checkbox"/>	R19.7 Diarrhea, unspecified		

Plan	Code	Description	Requested (Qty/Days)	Approved (Qty/Days)	Service Date	Req Amount KD	Appr Amount KD	Member Amount KD	VISA No.	Remarks
8004	P3095	Nasorex 0.25% Aqueous Nasal Spray (120 Puff) 1 Pcs	1 / 30	1 / 30	09/08/2022	5,550	5,550	5,550	23957427	
8004	P624	Dalavero 24mg Tablets 80 Tab	1 / 30	1 / 30	09/08/2022	8,480	8,480	8,480	23957427	
8004	P6008	Daxifent 60mg Delayed-release Capsules 28 Cap	1 / 30	1 / 14	09/08/2022	10,220	10,220	10,220	23957427	
Total						24,250	24,250	24,250		

I hereby certify that All information mentioned is correct and that the medical services on this form were provided and necessary for the management of this case

Physician's Signature	Stamp	Date : 09/08/2022
<p>I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the mentioned expenses shall be absolutely forfeited.</p> <p>I further hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person that has any record or information about me and/or any of my family members to provide CID with the complete information's including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization.</p> <p>I agree that a copy of this consent shall have the validity of the original.</p>		
Insured Member	Stamp	Date : 09/08/2022