

For MetLife's Use Only



PEDIATRIC



GULF OPERATIONS
MetLife, P.O.Box 371916, Dubai - U.A.E.
24 Hour UAE Toll free : 800 62062
Fax : (971 - 4) 415 4493

FORM No. 22100013FC09981

MANAGED CARE CLAIM FORM

Patient Name : AL KHALIL AL-RIYAMI Clinic/Hosp. No: FC09981

Subscriber No. 000849074 Policy Number : 4472600001 Cert. No : OMM858 Dependent No : 4

Please fill this portion to have prompt reimbursement and avoid unnecessary suspension

1 - How long has patient been suffering from this sickness:
 2 - Did patient have any previous treatment/consultation at your clinic/other medical facility for this sickness, please specify the date:
 3 -
 1 - 2 - 3 -
 Diagnosis Description ICD-9

P	Diagnosis Description	ICD-9	P	Diagnosis Description	ICD-9
	Abdominal Pain	789.0		Insect Bite	989.5
	Anemia, Unspecific	282.6		Intestinal Parasite / Worms	129
	Bronchitis	466.0		Otitis Externa	380.1
	Bronchial Asthma	493.0		Otitis Media	382.9
	Burn	949.0		Pneumonia / Pneumonitis	486
	Chickenpox	052.9		Rhinitis	472.0
	Conjunctivitis	372.00		Rickets	268.9
	Constipation	564.0		Sore Throat / Pharyngitis	462
	Cough	786.2		Tonsillitis	463
	Dermatitis, Contact / Eczema	692.9		Urinary Tract Infection	599.0
	Diaper Or Napkin Rash	691.0		UTI / UTI	465.9
	Diarrhea	787.91		Urticaria	708.9
	Vomiting	787.03		Wound	879.8
	Fever	780.6		Other Diagnosis	
	Gastroenteritis, Enteritis or Colitis	558.9			
	Headache	784.0			
	Epilepsy	345.9			

Physician Request

Prescription

NB: IN CASE OF SURGERY, HOSPITALIZATION, MRI, C.T.SCAN, ECHOCARDIOGRAPHY, TREADMILL, ECHO DOPPLER OR PHYSIOTHERAPY PLEASE FILL THE "PRE-DETERMINATION APPROVAL REQUEST FORM"

Physician's Signature and Stamp: Date: 01-10-2022

Authorization Statement

I hereby authorize any doctor, hospital, or medical provider, any insurance company or any other company, institution or any other person who has any record or information about me and/or any of my family members to provide MetLife with the complete information's, including copies of their records with reference to my sickness or accident, any treatment, examination, advice, or hospitalization. Any photocopy of this authorization shall be taken as the original copy. I hereby authorize MetLife to use my mobile number at hospital record for communicating my insurance benefits related information through Short Message Service (SMS) and I hereby waive MetLife from any and all liability or claim arising out of or in connection with any failure and/or error in sending and receiving the SMS.

I understand MetLife will not provide coverage in, reimburse for treatment obtained in, reimburse for services received in, or make wire transfers or any payments to the countries identified on OFAC's sanctions list, including but not limited to payments to any financial institutions or medical providers located in a sanctioned country. Also, MetLife will not pay a claim to individuals who: i) are residing in a sanctioned country; ii) are listed on the OFAC Specially Designated Nationals (SDN) list or any other international or local sanctions list; or iii) have traveled to a sanctioned country for purposes of receiving medical, or other treatment or services, subject to the Policy and / or Supplementary contract terms and conditions.

Employee's Signature : Date : 01-10-2022

Physician Copy



AMERICAN LIFE INSURANCE
COMPANY (MetLife).

Patient No. 9024439
Name AL KHALIL AL RIYAMI
Policy No. 4472600001/OMM858
Doctor Dr. Amal Zamzam

CR NO.: 1281919

DESCRIPTION	UNIT	GROSS	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
V.ER000066571 - Emergency		2022/10/01 23:02 - 2022/10/01 23:02		EPISODE E.001113918	
CONSULTATIONS		15.000			
Paediatrics Consultation - Specialist - First Consultation	1.00	15.000	0.000	1.000	14.000
2022-10-01 01.04.00.0136					
Dr. Amal Zamzam					
		GROSS TOTAL	DISCOUNT	PATIENT SHARE	INSURANCE PAYABLE
		15.000	0.000	1.000	14.000

Patient Share: 1.000 One Rial Omani
AMERICAN LIFE INSURANCE COMPANY (MetLife). Total: 14.000 Fourteen Rial Omani