



MEDICAL CLAIM FORM

Provider Name: Irham Medical Center Arjan	Patient Name: NAVEED SHER RAHMAN	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0585620786	File No: 43189
Company Name:	Member ID: I007-026-119920525-01	
Date of Treatment : 29-May-2024	Date of Birth: 30-Apr-1990	Gender : Male

Chief Complaints : co heavy weight lifting 3 days ago back pain started oe muscle strain chest is clear no added sounds			
Referral(if needed):			
Clinical Findings	BP: 118	TEMP: 36.4	HR: 84 RR: 18
Diagnosis: Muscle spasm of back, Pain, unspecified	Diagnosis Code:M62.830, R52	Date of Onset 29-May-2024	
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐			

Treatment Plan: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,9.01, GP follow up	
Requested Investigations :	Estimated Cost :
Prescription	Estimated Cost :

MEDICAL PRACTITIONER DECLARATION: I declare that i am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct Dr's Name : Humaira  Signature: Date: 29-May-2024  Stamp:	PATIENT'S DECLARATION: I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history to Aafiya for purpose of determining Insurance benefits.  Patient's Signature(Parent If Minor): 29-May-2024 Date :
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Aafiya Medical Billing Services reserve its right during the Agreement period with the service provider, survey and audit the service provider's operations with respect to its performance of services, the patient visit details and claims.

24/7 Claims Centre

Helpline: 9714263 0666 | Tel: 971 4 283 8116 | Fax: 971 4 283 8115 | Email: claims@aafiya.ae | Website: www.aafiya.ae