



MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: KATSIARYNA KANAVALAVA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0553825114	File No: 37897
Company Name:	Member ID: I007-026-121063544-01	
Date of Treatment : 28-Jul-2024	Date of Birth: 17-Nov-1987	Gender : Female

Chief Complaints :

co cough dry fever on and off due to cough and chest congestion she could not sleep the whole night 24th july 2024

oe

epigastric pain

chest is congested no added sounds

restless

Referral(if needed):

Clinical Findings

BP: 110

TEMP: 36.7

HR: 64

RR: 18

Diagnosis: Fever, unspecified, Cough, Acute upper respiratory infection, unspecified, Acute gastritis with bleeding

Diagnosis Code:R50.9, R05, J06.9, K29.01

Date of Onset
28-Jul-2024

PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐

Treatment Plan: 85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,86140, C-reactive protein;,85652, Sedimentation rate, erythrocyte; automated,0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,9, GP Consultation,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (20S, BLISTER PACK)	7
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	3
(ESOMEPRAZOLE (AS MAGNESIUM) : 40 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7

Medicine	Dose	Duration
(AMMONIUM CHLORIDE : 131.5 MG/5 ML) (DIPHENHYDRAMINE HCL : 13.5 MG/5ML) SYRUP (ALCOHOL FREE)	SYRUP (ALCOHOL FREE) (100ML, GLASS BOTTLE)	1

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

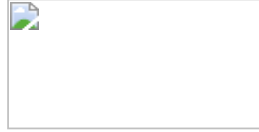
Stamp:

Signature:

Date: 28-Jul-2024

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):

28-Jul-2024

Date :

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

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