



MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: Diala Safwan Saleh	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0526887750	File No: 43783
Company Name:	Member ID: I007-026-119188073-01	
Date of Treatment : 07-Aug-2024	Date of Birth: 16-Aug-1997	Gender : Female

Chief Complaints : PC: complained of unexplained weight gain for the past one month Also has missed her period for this month and has frequency of urine. There is associated cold intolerance but feels easily tired and sleepy these days. Has no previous medical condition, not hypertensive and not diabetic. Smokes tobacco and ingest alcohol. Married.		
Referral(if needed):		
Clinical Findings	BP: 96	TEMP: 37.4 HR: 82 RR: 18
Diagnosis: Secondary amenorrhea, Abnormal weight gain, Frequency of micturition	Diagnosis Code:N91.1, R63.5, R35.0	Date of Onset 07-Aug-2024
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐		

Treatment Plan: 84704, Gonadotropin, chorionic (hCG); free beta chain,81001, Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

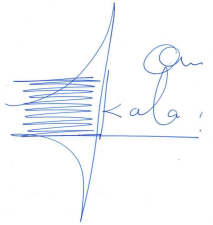
MEDICAL PRACTITIONER DECLARATION:

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 : Enomen Goodluck

Stamp:

Signature: 

Date: 07-Aug-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):

07-Aug-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

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