Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: ILYOSIN IKROMOV	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0523760959	File No: 43982
Company Name:	Member ID: I007-026-119942408-01	
Date of Treatment : 31-Aug-2024	Date of Birth: 01-Feb-2001	Gender : Male

Chief Complaints :

PC: FEVER

SORETHROAT

COUGH

BODY PAIN

EPIGASTRIC PAIN

Referral(if needed):

Clinical Findings BP: 121 TEMP: 39 HR: 104

Diagnosis: Acute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Nausea with vomiting, unspecified, Epigastric pain	Diagnosis Code:J06.9, J00, R11.2, R10.13	Date of Onset 31-Aug-2024

PEC/CHRONIC ○ CONGENITAL ○ MATERNITY ○ DENTAL ○ OPTICAL ○ WORK RELATED ○

Treatment Plan: 0005-107704-0802, TRIAXONE I.V.-(CEFTRIAXONE : 1 G) POWDER FOR INJECTION,2190-106618-1001, PARAFU (PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-174 40MG,86140, C-reactive protein;,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and differential WBC count,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, u Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0005-150403-102 (METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9, GP Consultation,96360, Intravenous infusion, hydration; initia hour,96367, TX/PROPH/DG ADDL SEQ IV INF

Requested Investigations :	Estimated Cos

Prescription — Estimated Cost

Medicine	Dose	Duration
CETIRIZINE HCL	Tablet	5

Medicine	Dose	Duration
(CAFFEINE ANHYDROUS : 25 MG) (PARACETAMOL : 500 MG) (PHENYLEPHRINE HCL : 5 MG) CAPLET-TABLET	CAPLET-TABLET (30S, BLISTER)	7
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7
(ADHATODA VASICA : 112.5 MG/10ML) (TULSI (OCIMUM SANCTUM) : 90MG/10ML) (SOLANUM XANTHOCARPUM : 90MG/10ML) (TERMINALIA BELLIRICA EXTRACT : 52.5 MG/10ML) (HEDYCHIUM SPICATUM : 37.5 MG/10ML) (GLYCYRRHIZA GLABRA EXTRACT : 22.5 MG/10ML) (PIPER LONGUM : 22.5 MG/10ML) SYRUP	SYRUP (200ML, BOTTLE)	7
(ESOMEPRAZOLE (AS MAGNESIUM) : 20 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (14S, BLISTER)	7

MEDICAL PRACTIONER 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 : AHSAN HUSSAIN

Stamp:

Signature:

Date: 31-Aug-2024

PATIENT'S DECLARATION:

I hereby authorize any Healthcare provider, Insur organization to release any information regarding m history to Aafiya for purpose of determining Insuran

Patient's Signature(Parent If Minor):

Aafiya Medical Billing Services reserve its right during the Agreement period with the service provider, survey and audit the service provider's operations with resp 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.