Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: AHMED SAMY ABDELSALAM ALY ELK	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0563607044	File No: 35080
Company Name:	Member ID: I007-026-119836122-01	
Date of Treatment : 03-Sep-2024	Date of Birth: 16-Jun-1985	Gender : Male

Chief Complaints :

Severe pain and swelling on the 4th finger of the left hand.

Duration: 1week.

Exam: Obvious pus and cystic swelling on the medial aspect of the nail edge of the 4th finger of the left hand.

Referral(if needed):

Clinical Findings BP: TEMP: HR:

Diagnosis: Local infection of the skin and subcutaneous tissue, unsp, Cellulitis of left finger	Diagnosis Code:L08.9, L03.012	Date of Onset 03-Sep-2024

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

Treatment Plan: 10061, Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous furuncle, or paronychia); complicated or multiple,9, GP Consultation

Requested Investigations : Estimated Cos

Prescription Estimated Cost

Medicine	Dose	Duration
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 875 MG) TABLETS	TABLETS (14S, BLISTER PACK)	7
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	4

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

PATIENT'S DECLARATION:

Dr's Name : Enomen Goodluck

Stamp:

Dr. Enomen Goodluck Ekata
General Practitioner
DHA No: 28040827-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature:

Date: 03-Sep-2024

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.