Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: ANNIE FLORES LEORNA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0569712419	File No: 44155
Company Name:	Member ID: I007-026-120082924-01	
Date of Treatment : 15-Sep-2024	Date of Birth: 28-Aug-1974	Gender : Female

Chief Complaints :

co pain in throat fever on and taking tablet at home 9th sep. 2024

oe

enlarge tonsills

chest is clear no added sounds

stable

Referral(if needed):

Clinical Findings BP: 132 TEMP: 37.4 HR: 80 RR: 18

Diagnosis: Acute upper respiratory infection, unspecified, Acute tonsillitis, unspecified, Fever, unspecified	Diagnosis Code:J06.9, J03.90, R50.9	Date of Onset 15-Sep-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;,9, GP Consultation

Requested Investigations : Estimated Cost :

Prescription Estimated Cost :

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	6

MEDICAL PRACTIONER DECLARATION:

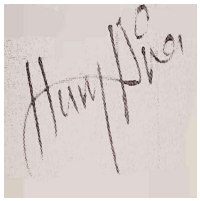
I declare that i am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct

PATIENT'S DECLARATION:

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 benifits.

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Dr's Name : Humaira Stamp:

Signature:  Date: 15-Sep-2024

Patient's Signature(Parent If Minor): Date : 15-Sep-2024

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