Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: VORGUE HECKLER VENZON	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0505045164	File No: 41876
Company Name:	Member ID: 1466993	
Date of Treatment : 16-Oct-2024	Date of Birth: 08-Oct-2020	Gender : Female

Chief Complaints :

PC: itching palms, palor.

Lab report shows mild iron deficiency

Referral(if needed):

Clinical Findings BP: 0 TEMP: 36.8 HR: 100 RR: 18

Diagnosis: Iron deficiency anemia, unspecified	Diagnosis Code:D50.9	Date of Onset 16-Oct-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(FERROUS BISGLYCINATE : 140MG/5ML) LIQUID	LIQUID (100ML, PLASTIC BOTTLE)	30

Estimated Cost :

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

Dr's Name : Enomen Goodluck Stamp:

Signature: Date: 16-Oct-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 benifits.

Patient's Signature(Parent If Minor): Date : 16-Oct-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