Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: REINA THERESE MONTEROSO CABALLERO	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0526489570	File No: 44728
Company Name:	Member ID: 1396493	
Date of Treatment : 30-Oct-2024	Date of Birth: 02-Aug-1985	Gender : Female

Chief Complaints :

PC: FEVER

SORETHROAT

COUGH

FLU

HEADACHE

LOW BACK PAIN

Referral(if needed):

Clinical Findings BP: 124 TEMP: 37.8 HR: 100 RR: 20

Diagnosis: Acute upper respiratory infection, unspecified, Acute nasopharyngitis [common cold], Fever, unspecified, Low back pain, Acute bronchitis, unspecified, Urinary tract infection, site not specified	Diagnosis Code:J06.9, J00, R50.9, M54.5, J20.9, N39.0	Date of Onset 30-Oct-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;,81003, 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, without microscopy,9, GP Consultation,9, GP Consultation,81003, 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, without microscopy,86140, C-reactive protein;,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5
(AZITHROMYCIN : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK	5
(DIPHENHYDRAMINE : 25 MG (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE : 30 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	7
(BUTAMIRATE DIHYDROGEN CITRATE : 0.15% W/V) SYRUP	SYRUP (200ML, BOTTLE)	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

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's Name : AHSAN HUSSAIN Stamp:

Dr. Ahsan Hussain
General Practitioner
DHA No: 87543658-001
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature: Date: 30-Oct-2024

Patient's Signature(Parent If Minor): Date : 30-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