Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: Sharon Vadval	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0524934639	File No: 42943
Company Name:	Member ID: I007-026-115476884-01	
Date of Treatment : 06-Nov-2024	Date of Birth: 27-Nov-1966	Gender : Fema

Chief Complaints :

diabetic pat

REview on type 2 dm hyperlipidemia hyperthrodisim on follow up

co fatigue science 15 days

came to refill medication

Referral(if needed):

Clinical Findings BP: 150 TEMP: 36.8 HR: 80

Diagnosis: Type 2 diabetes mellitus with hyperglycemia, Essential (primary) hypertension, Hypothyroidism, unspecified, Hyperlipidemia, unspecified	Diagnosis Code:E11.65, I10, E03.9, E78.5	Date of Onset 06-Nov-2024

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

Treatment Plan: 9, GP Consultation

Requested Investigations : Estimated Cos

Prescription Estimated Cost

Medicine	Dose	Duration
(GLICLAZIDE : 60 MG) MODIFIED RELEASE TABLETS	MODIFIED RELEASE TABLETS (30S, BLISTER)	90
(ROSUVASTATIN (AS CALCIUM) : 20 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER)	90
(LEVOTHYROXINE SODIUM : 50 MCG) TABLETS	TABLETS (100S, BLISTER PACK)	90
(LEVOTHYROXINE SODIUM : 25 MCG) TABLETS	TABLETS (100S, BLISTER PACK)	90
(VALSARTAN : 160 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	90

Medicine	Dose	Duration
(METFORMIN HCL : 500 MG) (SITAGLIPTIN (AS PHOSPHATE) : 50 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (56S, HDPE BOTTLE)	90
(INSULIN - GLARGINE : 100 IU/ML) SOLUTION FOR INJECTION	SOLUTION FOR INJECTION (10ML, VIAL)	30

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

Signature:

Date: 06-Nov-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.