Aafiya
Managing your care process

# MEDICAL CLAIM FORM

| | | |
|---|---|---|
| Provider Name: CITICARE MEDICAL CENTER LLC | Patient Name: NAHLA MOHAMAD ARRAJ | |
| Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC | Patient Contact No: 0568090678 | File No: 45031 |
| Company Name: | Member ID: I034-026-120183035-01 | |
| Date of Treatment : 26-Nov-2024 | Date of Birth: 29-Apr-1983 | Gender : Female |

Chief Complaints :

PC: Throat pain, fever, genralized body pains, weakness.

Duration: 2days.

Referral(if needed):

Clinical Findings BP: 100 TEMP: 36.8 HR: 78 RR: 18

| | | |
|---|---|---|
| Diagnosis: Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Acute frontal sinusitis, unspecified, Fever, unspecified, Low back pain | Diagnosis Code:J06.9, J30.9, J01.10, R50.9, M54.5 | Date of Onset 26-Nov-2024 |

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

Treatment Plan: 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) | 10 |
| (IBUPROFEN : 400 MG TABLETS | TABLETS (24S, BLISTER PACK | 4 |
| (TOLPERISONE : 150 MG) SUGAR COATED TABLETS | SUGAR COATED TABLETS (30S, BLISTER PACK) | 15 |
| (PARACETAMOL : 500 MG (PSEUDOEPHEDRINE HCL : 30 MG TABLETS | TABLETS (20S, BLISTER PACK | 10 |
| (SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP | SYRUP (120ML, 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 : Enomen Goodluck Stamp:

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

Signature: Date: 26-Nov-2024

Patient's Signature(Parent If Minor): Date : 26-Nov-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