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:

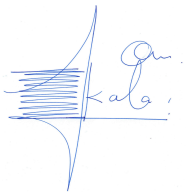
I declare that i am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct

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

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.

26-Nov-2024

 Signature: Date: 26-Nov-2024	Patient's Signature(Parent If Minor): Date :

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