Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: AMIR BAHADUR	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0557349787	File No: 45199
Company Name:	Member ID: I007-026-121116277-01	
Date of Treatment : 12-Dec-2024	Date of Birth: 18-May-2002	Gender : Male

Chief Complaints :

co injury to the thumb while he was closing the door 10th dec. 2024

oe

chest is clear no added sounds

restless

Referral(if needed):

Clinical Findings BP: 114 TEMP: 36 HR: 62 RR: 18

Diagnosis: Unspecified superficial injury of right thumb, init encntr, Pain, unspecified, Fever, unspecified	Diagnosis Code:S60.931A, R52, R50.9	Date of Onset 12-Dec-2024

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

Treatment Plan: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(CEFIXIME : 400 MG) CAPSULES	CAPSULES (6S, BLISTER)	5
(METRONIDAZOLE : 500 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5

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's Name : Humaira Stamp:

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
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.

Patient's Signature(Parent If Minor): Date : 12-Dec-2024

Signature:  Date: 12-Dec-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