Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: SAMAN IMRAN IMRAN WASEEM	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 971555294082	File No: 45384
Company Name:	Member ID: I022-026-121679590-01	
Date of Treatment : 30-Dec-2024	Date of Birth: 20-Jun-1998	Gender : Female

Chief Complaints :

PC: Injury to the left index finger and thumb.

Was cut by a knife while cooking.

duration; 2days.

examination: superficial laceration of the medial aspect of the left index finger measuring less than 0.5cm in diameter. (very small). similar injury on the left thumb.

patient is advised to leave wound opened but has declined.

Referral(if needed):

Clinical Findings BP: 110 TEMP: 36.6 HR: 90 RR: 18

Diagnosis: Laceration without foreign body of left hand, init encntr, Acute pain due to trauma	Diagnosis Code:S61.412A, G89.11	Date of Onset 30-Dec-2024

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

Treatment Plan: A1, Dressing for one wound,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, BLISTER PACK)	5
(DICLOFENAC POTASSIUM : 50 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (10S, BLISTER PACK)	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

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

Dr's Name : Enomen Goodluck Stamp:

Signature: Date: 30-Dec-2024

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