Provider Name: CITICARE MEDICAL CENTER LLC



MEDICAL CLAIM FORM

Patient Name: Diala Safwan Saleh

Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0526887750	File No: 43783	
Company Name:	Member ID: I007-026-119188073-01		
Date of Treatment : 19-Jan-2025	Date of Birth: 16-Aug-1997 Gender : Female		
Chief Complaints :			
patient came with redness and itching all over body.			
previous history of allergy from spices and today she took spices			
o/e there is redness on legs abdomen and face			
Referral(if needed):			
Clinical Findings	BP: 130 TEMP:	36.8 HR: 74 RR: 18	
Diagnosis: Food additives allergy status	Diagnosis Code:Z91.02	Date of Onset 19-Jan-2025	
PEC/CHRONIC CONGENITAL O MATERNITY O DENTAL O	OPTICAL O WORK RELATED (OTHERS O	
Treatment Plan: 0005-111805-1021, CHLOROHISTOL 10MG,96365, Intradrug); initial, up to 1 hour,9, GP Consultation	venous infusion, for therapy, prophyla	xis, or diagnosis (specify substance o	

1 of 2 1/24/2025, 9:10 PM

Requested Investigations :			Estimated Cost :
Prescription			Estimated Cost :
Medicine	Dose	Duration	
(LORATADINE : 10 MG TABLETS	TABLETS (10S, BLISTER PACK	3	
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	3	

MEDICAL PRACTIONER DECLARATION: PATIENT'S DECLARATION: declare that i am the patient's medical practitioner and that the I hereby authorize any Healthcare provider, Insurer, Employer or other particulars given are to the best of my knowledge true and correct 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 19-Jan-2025 Stamp: Patient's Signature(Parent If Minor): Date: Signature: Date: 19-Jan-2025

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

2 of 2 1/24/2025, 9:10 PM