Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	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 : 12-Jan-2025	Date of Birth: 16-Aug-1997	Gender : Female

Chief Complaints :

CO SWEATING WEAK LETHARGY 9TH JAN . 2025

OE chest is clear no added sounds

restless

Referral(if needed):

Clinical Findings BP: 108 TEMP: 37.3 HR: 72 RR: 18

Diagnosis: Dehydration	Diagnosis Code:E86.0	Date of Onset 12-Jan-2025

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

Treatment Plan: 9, GP Consultation

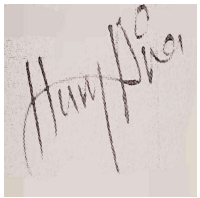
Requested Investigations :	Estimated Cost :
Prescription	Estimated Cost :

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. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Dr's Name : Humaira Stamp:



Signature: Date: 12-Jan-2025

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-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