Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: SUMERA KHAN	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0585216824	File No: 45484
Company Name:	Member ID: I022-026-121764865-01	
Date of Treatment : 21-Jan-2025	Date of Birth: 20-Apr-1990	Gender : Female

Chief Complaints :

pc : cough , trouble breathing .chest tightness on and off from january, fever , for 1 week

known asthmatic on inhaler for few years

o/e : wheezing all over chest

Referral(if needed):

Clinical Findings BP: 113 TEMP: 37 HR: 86 RR: 18

Diagnosis: Cough variant asthma, Mild intermittent asthma with (acute) exacerbation	Diagnosis Code:J45.991, J45.21	Date of Onset 21-Jan-2025

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

Treatment Plan: 94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,9, GP Consultation,85027, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count),86005, Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle, or disk)

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration
(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION	SUSPENSION FOR NEBULIZATION (2ML X 20, UNIT)	1
(MONTELUKAST (AS SODIUM : 10 MG TABLETS	TABLETS (30S, BLISTER	15
(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	15
(BROMHEXINE HYDROCHLORIDE : 4 MG/5ML) SYRUP	SYRUP (100ML, BOTTLE)	7

Estimated Cost :

MEDICAL PRACTIONER DECLARATION:	PATIENT'S 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	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's Name : SANDIA

Stamp:

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65980212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Signature:

Date: 21-Jan-2025

Patient's Signature(Parent If Minor):

Date : 21-Jan-2025