Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: ALANA WALLACE	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: +447870880826	File No: 43909
Company Name:	Member ID: I007-026-118518723-01	
Date of Treatment : 22-Jan-2025	Date of Birth: 20-Jul-1988	Gender : Female

Chief Complaints :

pc : cough with phelgm green colored low grade fever fo few days

no othr med condition

bp is low

o/e hyperemic throat

tonsills covered with membrabe

Referral(if needed):

Clinical Findings BP: 103 TEMP: 36.5 HR: 86 RR: 18

Diagnosis: Acute pharyngitis, unspecified, Cough, Fever, unspecified	Diagnosis Code:J02.9, R05, R50.9	Date of Onset 22-Jan-2025

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

Treatment Plan: 0195-107704-0801, CEFTRIAXONE-TABUK IV,82009, Acetone or other ketone bodies, serum; qualitative,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),2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,9, GP Consultation,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK	7
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5
(ESOMEPRAZOLE (AS MAGNESIUM : 20 MG GASTRO-RESISTANT TABLETS	GASTRO-RESISTANT TABLETS (14S, BLISTER	5
(TRIPROLIDINE : 0.25 MG/ML) (GUAIFENESIN : 20 MG/ML) (PSEUDOEPHEDRINE : 6 MG/ML) SYRUP	SYRUP (200ML, BOTTLE)	7

Estimated Cost :

Medicine	Dose	Duration
(MELOXICAM : 15 MG) CAPSULES	CAPSULES (30S, BLISTER)	3

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 : SANDIA

Stamp: Dr. Sandia Bhojwani General Practitioner DHA No: 65900212-001 PESHAWAR MEDICAL CENTER LLC DUBAI - U.A.E.

Signature:

Date: 22-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 : 22-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