Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: PARDIP KAUR	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0559692414	File No: 45951
Company Name:	Member ID: 1474831	
Date of Treatment : 24-Feb-2025	Date of Birth: 18-Sep-1973	Gender : Female

Chief Complaints :

pc : diziness , heavy menstural flow , painful , periods from many months

pre menopuase , bur heavy menstural flow thats why concerned

family history of stroke

o/e : look pale ,

lethargic ,

Referral(if needed):

Clinical Findings BP: 110 TEMP: 36.8 HR: 68 RR: 18

Diagnosis: Abnormal uterine and vaginal bleeding, unspecified, Anemia, unspecified	Diagnosis Code:N93.9, D64.9	Date of Onset 24-Feb-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's Name : DR Amaizah Stamp:

Dr. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 : 24-Feb-2025

Signature:  Date: 24-Feb-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