Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: MARIA TANGI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0547998284	File No: 45953
Company Name:	Member ID: I007-026-122061731-01	
Date of Treatment : 24-Feb-2025	Date of Birth: 11-Dec-2023	Gender : Female

Chief Complaints :

nappy rash

oral thrush

decreased oral intake

on exam:

active, alert child

clear chest and soft abdomen

oral thrush is present on tobgue and hard palate

diaper area has satellite lesions, typical of fungal infection

Referral(if needed):

Clinical Findings BP: 00 TEMP: 36.8 HR: 98 RR: 28

Diagnosis: Candidal stomatitis, Diaper dermatitis	Diagnosis Code:B37.0, L22	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 :

Medicine	Dose	Duration
(NYSTATIN : 100000 IU/ML SUSPENSION	SUSPENSION (30ML, DROPPER BOTTLE	7
(BETAMETHASONE : 0.05%) (GENTAMICIN : 0.10%) (MICONAZOLE : 2%) CREAM	CREAM (30G, TUBE)	7
(ZINC (AS SULPHATE) : 2.66MG /5ML) (D-PANTHENOL : 2.5 MG/5 ML) (MANGANESE CHLORIDE : 0.03 MG/5ML) (IRON CHOLINE CITRATE : 15MG/5ML) (VITAMIN B6 (AS PYRIDOXINE HCL) : 0.75 MG/5 ML) (NIACINAMIDE : 22.5 MG/5ML) (MAGNESIUM CHLORIDE : 3.33 MG/5ML) (PROTEIN : 333 MG/5ML) SYRUP	SYRUP (200ML, BOTTLE)	10
(HYDROCORTISONE ACETATE : 1% CREAM	CREAM (15G, TUBE	7
(CALAMINE : 15% W/V (ZINC OXIDE : 5% W/V LOTION	LOTION (200ML, GLASS BOTTLE	10
(MICONAZOLE : 2% CREAM	CREAM (15G, TUBE	1

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 Dr's Name : Dr Bushra Stamp: Dr. Bushra Mufti General practitioner DHA: 75646242-001 CITICARE MEDICAL CENTER DUBAI - U.A.E Signature:  Date: 24-Feb-2025	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

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.