Aafiya
Managing your care process

# MEDICAL CLAIM FORM

| | | |
|---|---|---|
| Provider Name: CITICARE MEDICAL CENTER LLC | Patient Name: TERESIA MUOTI | |
| Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC | Patient Contact No: 0566136122 | File No: 46072 |
| Company Name: | Member ID: I007-026-120016000-01 | |
| Date of Treatment : 06-Mar-2025 | Date of Birth: 10-Aug-1997 | Gender : Male |

Chief Complaints :

PATIENT CAME WITH GENERALIZE WEAKNESS ALONG WITH HEADACHE

PATIENT HAS FEELING FEVER

LOSS OF APPETITE

hx of low hb

patient look pale

complain of weight gain

Referral(if needed):

Clinical Findings BP: 114 TEMP: 36.7 HR: 74 RR: 18

| | | |
|---|---|---|
| Diagnosis: Weakness, Fever, unspecified, Iron deficiency, Hypothyroidism, unspecified, Anorexia, Nausea | Diagnosis Code:R53.1, R50.9, E61.1, E03.9, R63.0, R11.0 | Date of Onset 06-Mar-2025 |

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

Treatment Plan: 85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,83540, Iron,84443, Thyroid stimulating hormone (TSH),84480, Triiodothyronine T3; total (TT-3),84481, Triiodothyronine T3; free,82607, Cyanocobalamin (Vitamin B-12);,9, GP Consultation

| Requested Investigations : | Estimated Cost : |
|---|---|
| Prescription | Estimated Cost : |

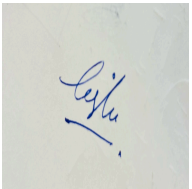
| Medicine | Dose | Duration |
|---|---|---|
| (DOMPERIDONE : 1 MG/ML SUSPENSION | SUSPENSION (200ML, GLASS BOTTLE | 5 |

**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 : AISHA

Stamp: Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature: 

Date: 06-Mar-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 : 06-Mar-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