Aafiya
Managing your care process

# MEDICAL CLAIM FORM

| | | |
|---|---|---|
| Provider Name: CITICARE MEDICAL CENTER LLC | Patient Name: SVITLANA POLISHCHUK | |
| Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC | Patient Contact No: 0526476055 | File No: 46127 |
| Company Name: | Member ID: 01-115-01-25-1465694228 | |
| Date of Treatment : 10-Mar-2025 | Date of Birth: 04-Apr-1959 | Gender : Female |

Chief Complaints :

Referral(if needed):

Clinical Findings BP: 118 TEMP: 37 HR: 74 RR: 18

| | | |
|---|---|---|
| Diagnosis: Pain, unspecified | Diagnosis Code:R52 | Date of Onset<br>10-Mar-2025 |

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

Treatment Plan: 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

| Medicine | Dose | Duration |
|---|---|---|
| (PREDNISOLONE : 5 MG) TABLETS | TABLETS (20S, BLISTER PACK) | 3 |
| (SERRATIOPEPTIDASE : 10 MG TABLETS | TABLETS (30S, BLISTER | 3 |
| (VITAMIN B1 (THIAMINE : 100 MG (VITAMIN B6 (AS PYRIDOXINE HCL : 200 MG (VITAMIN B12 (CYANOCOBALAMIN : 200 MCG SUGAR COATED TABLETS | SUGAR COATED TABLETS (30S, BLISTER | 30 |

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

Signature:

Date: 10-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 : 10-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