

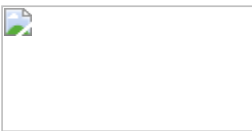


MEDICAL CLAIM FORM

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 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		Estimated Cost :
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

MEDICAL PRACTITIONER 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 Signature:  Stamp:  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 benefits.  Patient's Signature(Parent If Minor): 10-Mar-2025 Date :
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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