Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: ARSHIYA MOHAMED	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0588151023	File No: 46193
Company Name:	Member ID: 1475336	
Date of Treatment : 16-Mar-2025	Date of Birth: 09-Mar-1989	Gender : Female

Chief Complaints :

pc : pain andomen para umblical region

sharp sudden onset 15/03/25

it started weeks ago but was dull initially

o/e : look pale

abdomen soft but tender at praumblical region

Referral(if needed):

Clinical Findings BP: TEMP: HR: RR:

Diagnosis: Pain, unspecified	Diagnosis Code:R52	Date of Onset 16-Mar-2025

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

Treatment Plan: 9, GP Consultation,10, Specialist Consultation

Requested Investigations :	Estimated Cost :
Prescription	Estimated Cost :

MEDICAL PRACTIONER DECLARATION:

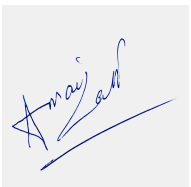
I declare that i am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct

Dr's Name : DR Amaizah

Stamp:

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

Signature:



Date: 16-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 : 16-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