

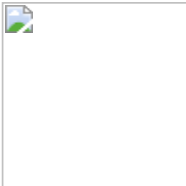
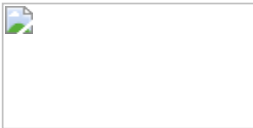


MEDICAL CLAIM FORM

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 :			
Referral(if needed):			
Clinical Findings	BP: 128	TEMP: 36.5	HR: 89 RR: 0
Diagnosis: Incomplete spontaneous abortion with other complications	Diagnosis Code:O03.39	Date of Onset 16-Mar-2025	
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐			

Treatment Plan: 10, Specialist Consultation,76700, Ultrasound, abdominal, real time with image documentation; complete,76830, Ultrasound, transvaginal		
Requested Investigations :		Estimated Cost :
Prescription		Estimated Cost :
Medicine	Dose	Duration
(METRONIDAZOLE : 500 MG TABLETS	TABLETS (24S, BLISTER PACK	7
(DOXYCYCLINE : 100 MG) TABLETS	TABLETS (10S, BLISTER PACK)	5

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 : MOHAMMED M HAMED  Signature:  Stamp: 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 benefits.  Patient's Signature(Parent If Minor): 16-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