Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: EESA DANIAL TARIQ	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0554397788	File No: 45140
Company Name:	Member ID: I022-026-122201291-01	
Date of Treatment : 18-Mar-2025	Date of Birth: 18-Jan-1998	Gender : Male

Chief Complaints :

pc : sore throat ,

sneezing , runny nose , cough which is dry

fever , nausea ,loss of appetite started 15/03/25

o/e : look pale , lethargic , dehydrated

hyperemic pharynx

chest clear

Referral(if needed):

Clinical Findings BP: 120 TEMP: 38.2 HR: 96 RR: 18

Diagnosis: Acute pharyngitis, unspecified, Cough, Nausea, Fever, unspecified, Allergic rhinitis, unspecified	Diagnosis Code:J02.9, R05, R11.0, R50.9, J30.9	Date of Onset 18-Mar-2025

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

Treatment Plan: 0102-152902-1001, LACTATED RINGERS INJECTION USP,0005-111805-1021, CHLOROHISTOL 10MG,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0195-107704-0802, CEFTRIAXONE-TABUK IM,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device),0188-135906-2441, PULMICORT-(BUDESONIDE : 0.5 MG/ML) SUSPENSION FOR NEBULIZATION,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9, GP Consultation

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5
(AMOXICILLIN : 500 MG (CLAVULANIC ACID : 125 MG FILM COATED TABLETS	FILM COATED TABLETS (20S, FOIL STRIP	5
(SODIUM CITRATE : 57 MG/5ML (AMMONIUM CHLORIDE : 131.5 MG/5 ML (MENTHOL : 1.1 MG/5 ML (DIPHENHYDRAMINE : 13.5 MG/5ML SYRUP	SYRUP (120ML, BOTTLE	7

Estimated Cost :

MEDICAL PRACTIONER DECLARATION:	PATIENT'S 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	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.

Dr's Name : DR Amaizah

Stamp:

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

Signature:

Date: 18-Mar-2025

Patient's Signature(Parent If Minor):

Date : 18-Mar-2025