

## 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 : 25-Mar-2025	Date of Birth: 09-Mar-1989	Gender : Female
Chief Complaints :		
the patient comes complaining of prolonged bleeding for 2 month		
the patient mentioned she had miscarriage sinse one month		
by abdominal ultrasound it shows enlarged bulky uterus with irregular en	ndometrium	
by transvadinal ultrasound there was remenants and multiple uterine fibr	roids	
Referral(if needed):		
Clinical Findings	BP: TEMP:	HR: RR:
Diagnosis: Leiomyoma of uterus, unspecified, Incomplete spontaneous abortion with other complications	Diagnosis Code:D25.9, O03.39	Date of Onset 25-Mar-2025
PEC/CHRONIC O CONGENITAL O MATERNITY O DENTAL O	OPTICAL O WORK RELATED	O OTHERS O
Treatment Plan: 10, Specialist Consultation,76700, Ultrasound, abdomina transvaginal	al, real time with image documentatio	
Requested Investigations :		Estimated Cost :
Prescription		Estimated Cost :
MEDICAL PRACTIONER DECLARATION:	PATIENT'S DECLARATION:	1
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. Mohammed M Hamed Hashish   Specialst Costletins And Sp	e I hereby authorize any Healthcare	tion regarding my medical condition 8 primining Insurance benifits.  25-Mar-2025
Signature: Date: 25-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

 $Helpline: 9714263\ 0666\ |\ Tel: 9714283\ 8116\ |\ Fax: 9714283\ 8115\ |\ Email: claims@aafiya.ae\ |\ Website: www.aafiya.ae$