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 : 26-Mar-2025	Date of Birth: 09-Mar-1989	Gender : Female

Chief Complaints : - G8P2A6 patient
- The patient comes complaining of spontaneous bleeding with abdominal cramps since 22/02/2025
- She had a history of miscarriage by the 07/02/2025
- the miscarriage happened at Gestational age 11 weeks
- An abdominal ultrasound was done showing bulky uterus with irregular endometrial lining
- The transvaginal ultrasound showed intramural fibroid measuring 2.5x 1.8 cm , with remaining parts indicating remnants of the previous miscarriage
- the patient is recommended for ultrasound follow up after 10 days to detect the presence of the remnants and the stoppage of bleeding

Referral(if needed):

Clinical Findings BP: 128 TEMP: 36.5 HR: 89 RR: 0

Diagnosis: Leiomyoma of uterus, unspecified, Incomplete spontaneous abortion with other complications	Diagnosis Code:D25.9, O03.39	Date of Onset 26-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 :

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 : MOHAMMED M HAMED

Stamp: Dr. Mohammed M Hamed Hashish, Specialist Obstetrics And Gynecology, DHA No: 75385955-001, CITICARE MEDICAL CENTER LLC, DUBAI - U.A.E.

Signature: 

Date: 26-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 : 26-Mar-2025