

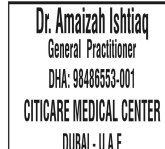
**MEDICAL CLAIM FORM**

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: MARIA TANGI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0547998284	File No: 45953
Company Name:	Member ID: I007-026-122061731-01	
Date of Treatment : 12-Apr-2025	Date of Birth: 11-Dec-2023	Gender : Female

Chief Complaints : ON SET 10/04/2025 appy rash oral thrush decreased oral intake on exam: active, alert child clear chest and soft abdomen oral thrush is present on tobgue and hard palate diaper area has satellite lesions, typical of fungal infection			
Referral(if needed):			
Clinical Findings		BP: 00	TEMP: 36.8
		HR: 96	RR: 28
Diagnosis: Rash and other nonspecific skin eruption	Diagnosis Code:R21	Date of Onset 12-Apr-2025	
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐			

Treatment Plan: 51.03, Non-surgical cleansing with surgical dressing more than 48 sq inches / 300 sq centimeters.,9, GP Consultation			
Requested Investigations :			Estimated Cost :
Prescription			Estimated Cost :
Medicine	Dose	Duration	
(BETAMETHASONE : 0.10%) (NEOMYCIN : 0.5%) CREAM	CREAM (15G, TUBE)	3	
(IBUPROFEN : 100 MG/5ML) SYRUP	SYRUP (100ML, PLASTIC BOTTLE)	2	

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	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.
--	---

Dr's Name : DR Amaizah Signature: 	Stamp:  Date: 12-Apr-2025	 Patient's Signature(Parent If Minor): 12-Apr-2025 Date :
---	---	---

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