Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: MAHMOUD KHALIL MOHAMMED IBRAHIM	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0569698563	File No: 46470
Company Name:	Member ID: I034-026-122451385-01	
Date of Treatment : 12-Apr-2025	Date of Birth: 20-Mar-1991	Gender : Male

Chief Complaints :

patient came with high grade fever along with throat pain and runny nose and sneezing for two days

oe throat is hyperemic and hest is clear

patient has low bp and dehydrated and too much weakness

Referral(if needed):

Clinical Findings BP: 112 TEMP: 37 HR: 68 RR: 18

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Allergic rhinitis, unspecified, Pain, unspecified, Weakness, Dehydration	Diagnosis Code:J02.9, R50.9, J30.9, R52, R53.1, E86.0	Date of Onset 12-Apr-2025

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

Treatment Plan: 86140, C-reactive protein;,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.-(SODIUM CHLORIDE : 0.9%) (DEXTROSE : 5%) SOLUTION FOR INFUSION,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96361, Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure),9, GP Consultation

Requested Investigations :	Estimated Cost :

Prescription

Medicine	Dose	Duration	Estimated Cost :
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5	
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5	
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	3	
(DIPHENHYDRAMINE : 12.5 MG/5ML) SYRUP (SUGAR FREE)	SYRUP (SUGAR FREE) (120ML, BOTTLE)	5	

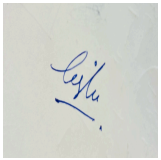
MEDICAL PRACTIONER DECLARATION:

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 : AISHA

Stamp:

Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature: 

Date: 12-Apr-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 : 12-Apr-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: 971 4 283 8116 | Fax: 971 4 283 8115 | Email: claims@aafiya.ae | Website: www.aafiya.ae