Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: KAMILYA IDALIYEVA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 507385459	File No: 32162
Company Name:	Member ID: I007-026-119537462-01	
Date of Treatment : 16-Apr-2025	Date of Birth: 01-Jan-1964	Gender : Female

Chief Complaints :

type 2 diabtese

hypertension

hyperlipidemia

Referral(if needed):

Clinical Findings BP: 140 TEMP: 36.6 HR: 76 RR: 18

Diagnosis: Essential (primary) hypertension, Type 2 diabetes mellitus with hyperglycemia, Low back pain	Diagnosis Code:I10, E11.65, M54.5	Date of Onset 16-Apr-2025

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(AMLODIPINE (AS BESYLATE) : 10 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (28S, BLISTER)	30
(DAPAGLIFLOZIN (AS PROPANEDIOL) : 10 MG) (METFORMIN HCL : 1000 MG) EXTENDED RELEASE TABLETS	EXTENDED RELEASE TABLETS (30S, BLISTER)	30
(DICLOFENAC SODIUM : 100 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7
(DICLOFENAC SODIUM (AS DIETHYLAMINE) : 10 MG/G) GEL	GEL (75G, DISPENSER)	4

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 : DR Amaizah

Stamp:

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

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 : 16-Apr-2025

Signature:  Date: 16-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