Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: ALAYNA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0554452914	File No: 46531
Company Name:	Member ID: I022-026-122201294-01	
Date of Treatment : 18-Apr-2025	Date of Birth: 18-Jan-2002	Gender : Female

Chief Complaints :

PC :LESIONS ON LEGS AND ARM CAUSING ITCHING AND REDNESS

O/E : BLISTERS WHICH ARE PUS FILLED

Referral(if needed):

Clinical Findings BP: 115 TEMP: 36 HR: 78 RR: 0

Diagnosis: Rash and other nonspecific skin eruption, Bullous impetigo	Diagnosis Code:R21, L01.03	Date of Onset 18-Apr-2025

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

Treatment Plan: 9, GP Consultation,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(FUSIDIC ACID : 2%) CREAM	CREAM (15G, TUBE)	5
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	5
(CALAMINE : 15 G/100ML) (ZINC OXIDE : 5 G/100ML) (PHENOL : 0.5 G/100ML) (BENTONITE : 3 G/100ML) LOTION	LOTION (1S, PLASTIC BOTTLE)	7
(FLUTICASONE : 0.5 MG/G) CREAM	CREAM (30G, TUBE)	5

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 : 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 : 18-Apr-2025

Signature:  Date: 18-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