Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: HUSSEIN MUSTAFA ABDULQADER MUSTAFA	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0504233631	File No: 46584
Company Name:	Member ID: I034-026-121581073-01	
Date of Treatment : 23-Apr-2025	Date of Birth: 12-Dec-1997	Gender : Male

Chief Complaints :

pt came came with fever body pain and sore throat since last night

oe throat is hyperemic

chest is clear

Referral(if needed):

Clinical Findings BP: 122 TEMP: 36.7 HR: 79 RR: 0

Diagnosis: Acute pharyngitis, unspecified, Fever, unspecified, Pain, unspecified	Diagnosis Code:J02.9, R50.9, R52	Date of Onset 23-Apr-2025

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

Treatment Plan: 9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

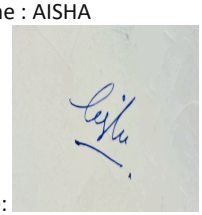
Medicine	Dose	Duration
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (24S, BOX)	5
(IBUPROFEN : 150 MG) (PARACETAMOL : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (32S, BLISTER)	5
(AZITHROMYCIN : 500 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER)	5
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (40S, BLISTER)	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: 23-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 : 23-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