Aafiya
Managing your care process

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 : 24-Apr-2025	Date of Birth: 11-Dec-2023	Gender : Female

Chief Complaints :

nappy rash.

less appetite, not eating properly.

on exam:

papular lesions on labia majora.

pallor on conjunctiva and hands.

wrist widening

diaper brand needs to be changed, medications to be added diaper dermatitis

start the child on iron, vitamin d and multivitamins.

Referral(if needed):

Clinical Findings BP: 0 TEMP: 36.7 HR: 100 RR: 24

Diagnosis: Diaper dermatitis, Iron deficiency anemia, unspecified, Vitamin D deficiency, unspecified, Unspecified acute lower respiratory infection	Diagnosis Code:L22, D50.9, E55.9, J22	Date of Onset 24-Apr-2025

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

Treatment Plan: 9, GP Consultation,85025, Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count,82728, Ferritin,82306, Vitamin D; 25 hydroxy, includes fraction(s), if performed,9, GP Consultation,0006-402803-2071, VENTOLIN NEBULES,94640, Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	5
(SEA WATER (SODIUM CHLORIDE) : 0.9% (28 ML / 100 ML)) NASAL SPRAY	NASAL SPRAY (100ML, SPRAY BOTTLE)	3
(CALAMINE : 15% W/V) (ZINC OXIDE : 5% W/V) LOTION	LOTION (200ML, GLASS BOTTLE)	7
(MICONAZOLE : 2%) CREAM	CREAM (30G, TUBE)	7

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 Bushra

Stamp:

Dr. Bushra Mufti
General practitioner
DHA: 75646242-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Signature:

Date: 24-Apr-2025

Patient's Signature(Parent If Minor):

Date : 24-Apr-2025