Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: UMME QIZRA ALEEM	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0585099830	File No: 46778
Company Name:	Member ID: 1105428	
Date of Treatment : 08-May-2025	Date of Birth: 27-Jan-1991	Gender : Male

Chief Complaints :

pt came with migrain with vomiting since last night

low blood pressure

Referral(if needed):

Clinical Findings BP: 110 TEMP: 36.1 HR: 84 RR: 18

Diagnosis: Cyclical vomiting, in migraine, not intractable, Headache, unspecified, Nonspecific low blood-pressure reading	Diagnosis Code:G43.A0, R51.9, R03.1	Date of Onset 08-May-2025

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

Treatment Plan: 0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION FOR INJECTION,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9, GP Consultation

Requested Investigations : Estimated Cost :

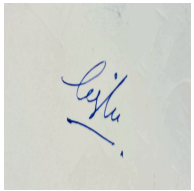
Prescription Estimated Cost :

Medicine	Dose	Duration
(ELETRIPTAN : 40 MG) FILM COATED TABLETS	FILM COATED TABLETS (3S, BLISTER PACK)	7
(ACETYLSALICYLIC ACID : 250 MG) (CAFFEINE : 65 MG) (PARACETAMOL : 250 MG) FILM COATED TABLETS	FILM COATED TABLETS (24S, HDPE BOTTLE)	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

Dr's Name : AISHA Stamp: Dr. Aisha Umer, Physician- General Practitioner, DHA- 40131439-002, CITICARE MEDICAL CENTER, DUBAI - U.A.E

Signature:  Date: 08-May-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 : 08-May-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