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 : 09-May-2025	Date of Birth: 27-Jan-1991	Gender : Female

Chief Complaints :

pc : sever headche , throbing , unilateral , 08 on pain scale ,nausea and vomitting , flickering of lights , disturbing quality of life

associated with epigastric pain

long hx of migraine ,

o/e : look irritable

dehydrated ,

low blood pressure

Referral(if needed):

Clinical Findings BP: 110 TEMP: 37.2 HR: 84 RR: 18

Diagnosis: Migraine with aura, intractable, with status migrainosus, Nausea with vomiting, unspecified, Dehydration, Fever, unspecified, Nonspecific low blood-pressure reading, Cyclical vomiting, in migraine, not intractable, Acute gastritis without bleeding	Diagnosis Code:G43.111, R11.2, E86.0, R50.9, R03.1, G43.A0, K29.00	Date of Onset 09-May-2025

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

Treatment Plan: 0439-152905-1001, LACTATED RINGERS INJECTION USP,96361, Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure),0005-149902-1021, CLOFEN ,0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION,9.01, GP follow up,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-174202-0781, RISEK 40MG,96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure),96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

Requested Investigations :	Estimated Cost :
Prescription	Estimated Cost :

MEDICAL PRACTIONER DECLARATION:	**PATIENT'S 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. Amaizah Ishtiaq
General Practitioner
DHA: 98486553-001
CITICARE MEDICAL CENTER
DUBAI - U.A.E

Dr's Name : DR Amaizah Stamp:

Signature: Date: 09-May-2025

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 : 09-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