

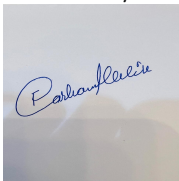


MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: SVITLANA POLISHCHUK	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0526476055	File No: 46127
Company Name:	Member ID: I022-026-122109333-01	
Date of Treatment : 10-May-2025	Date of Birth: 04-Apr-1959	Gender : Female

Chief Complaints : she is feeling pain in both sides thighs and end in knee and rarely it goes till the feet.		
Referral(if needed):		
Clinical Findings	BP: 118	TEMP: 36 HR: 74 RR: 18
Diagnosis: Pain in leg, unspecified, Pain, unspecified	Diagnosis Code:M79.606, R52	Date of Onset 10-May-2025
PEC/CHRONIC ☐ CONGENITAL ☐ MATERNITY ☐ DENTAL ☐ OPTICAL ☐ WORK RELATED ☐ OTHERS ☐		

Treatment Plan: 0005-149902-1021, CLOFEN ,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,9, GP Consultation		
Requested Investigations :		Estimated Cost :
Prescription		Estimated Cost :
Medicine	Dose	Duration
(DICLOFENAC POTASSIUM : 50 MG) FILM COATED TABLETS	FILM COATED TABLETS (20S, BLISTER PACK)	5
(TOLPERISONE HCL : 150 MG) FILM COATED TABLETS	FILM COATED TABLETS (30S, BLISTER)	5

MEDICAL PRACTITIONER 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.Farhan Ilyas  Signature: Date: 10-May-2025 Stamp: Dr .Farhan Ilyas Malik Physician-General Practitioner DHA-06441782-001 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 benefits.  Patient's Signature(Parent If Minor): 10-May-2025 Date :
---	--	---

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