Aafiya
Managing your care process

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 : 14-May-2025	Date of Birth: 04-Apr-1959	Gender : Female

Chief Complaints :

FOLLOW UP

T3 LEVEL LOW

HYPERGLYCEMIA

Referral(if needed):

Clinical Findings BP: 115 TEMP: 36.8 HR: 68 RR: 18

Diagnosis: Hyperglycemia, unspecified, Type 2 diabetes mellitus with hyperglycemia, Vitamin D deficiency, unspecified, Hypothyroidism, unspecified, Magnesium deficiency, Other hyperlipidemia, Other constipation	Diagnosis Code:R73.9, E11.65, E55.9, E03.9, E61.2, E78.49, K59.09	Date of Onset 14-May-2025

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

Treatment Plan: 9.01, GP follow up

Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(LEVOTHYROXINE SODIUM : 25 MCG) TABLETS	TABLETS (100S, BLISTER PACK)	30
(METFORMIN HCL : 750 MG) PROLONGED RELEASE TABLETS	PROLONGED RELEASE TABLETS (30S, BLISTER PACK)	30
(MAGNESIUM : 150 MG) (VITAMIN B6 (AS PYRIDOXINE HCL) : 5 MG) TABLETS	TABLETS (30S, BLISTER)	30
(ROSUVASTATIN (AS CALCIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, HDPE BOTTLE)	30
(LACTULOSE : 667MG/G) SYRUP	SYRUP (200ML, 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:

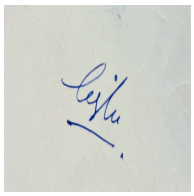
Dr. Aisha Umer
Physician- General Practitioner
DHA- 40131439-002
CITICARE MEDICAL CENTER
DUBAI - U.A.E

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 : 14-May-2025

Signature:  Date: 14-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