Aafiya
Managing your care process

# MEDICAL CLAIM FORM

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| Provider Name: CITICARE MEDICAL CENTER LLC | Patient Name: REDA ISMAIL MOHAMED ABOUASSI | |
| Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC | Patient Contact No: 0509331480 | File No: 46833 |
| Company Name: | Member ID: I022-026-121843376-01 | |
| Date of Treatment : 14-May-2025 | Date of Birth: 15-Apr-1977 | Gender : Male |

Chief Complaints :

pc /: runny nose , sever sore throat 08 on pain scale , sevre bouts opf sneezing with runnny nose alternating with nasal congestion at night and high grade fevre started 12/05/25

strated oral meds not improved need iv antbiotics along with other meds

o/e: swollen uvulva , hyperemic congested pharynx

chest wheezing

Referral(if needed):

Clinical Findings BP: 129 TEMP: 38 HR: 100 RR: 18

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| Diagnosis: Acute upper respiratory infection, unspecified, Allergic rhinitis, unspecified, Fever, unspecified, Wheezing, Cough, Headache, unspecified | Diagnosis Code:J06.9, J30.9, R50.9, R06.2, R05, R51.9 | Date of Onset 14-May-2025 |

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

Treatment Plan: 0195-107704-0801, CEFTRIAXONE-TABUK IV,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-111805-1021, CHLOROHISTOL 10MG,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),2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,96365, Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour,96374, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug,0005-149902-1021, CLOFEN ,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,0188-135906-2441, PULMICORT,87804, Infectious agent antigen detection by immunoassay with direct optical observation; Influenza

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| Requested Investigations : | Estimated Cost : |
| Prescription | Estimated Cost : |

**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 : DR Amaizah

Stamp: Dr. Amaizah Ishtiaq, General Practitioner, DHA: 98486553-001, CITICARE MEDICAL CENTER, DUBAI - U.A.E

Signature:

Date: 14-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 : 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