



MEDICAL CLAIM FORM

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 antibiotics 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

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

Requested Investigations :

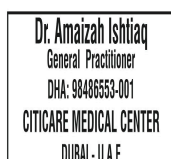
Estimated Cost :

Prescription

Estimated Cost :

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 Amaizah

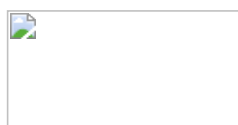
Stamp:

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 benefits.



Patient's Signature(Parent If Minor):

14-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