Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: CHLOE MARIE HAJJAR	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0585202500	File No: 47157
Company Name:	Member ID: I007-026-120715623-01	
Date of Treatment : 15-Jun-2025	Date of Birth: 01-Oct-2016	Gender : Female

Chief Complaints :

PATIENT CAME WITH HIGH GRADE FEVER AND THROAT PAIN FOR TWO DAYS

O/E TONSILS ARE HYPERTROPHIED

WHITE PATCHES IS THERE

CHEST IS CLEAR

Referral(if needed):

Clinical Findings BP: 00 TEMP: 38 HR: 110 RR: 22

Diagnosis: Acute tonsillitis, unspecified, Fever, unspecified, Pain, unspecified	Diagnosis Code:J03.90, R50.9, R52	Date of Onset 15-Jun-2025

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

Treatment Plan: 2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0195-107704-0801, CEFTRIAXONE-TABUK IV,86140, C-reactive protein;,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,9, GP Consultation

Requested Investigations :

Estimated Cost :

Prescription

Medicine	Dose	Duration
(CLAVULANIC ACID : 28.5 MG/5 ML) (AMOXICILLIN : 200 MG/5ML) POWDER FOR SYRUP	POWDER FOR SYRUP (70ML, BOTTLE)	7
(IBUPROFEN : 100 MG/5ML) SYRUP	SYRUP (100ML, PLASTIC BOTTLE)	5
(PARACETAMOL : 120 MG/5ML) SUSPENSION	SUSPENSION (100ML, BOTTLE)	5
(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	5

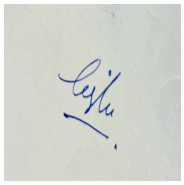
Estimated Cost :

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 : AISHA

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

Signature: 

Date: 15-Jun-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 : 15-Jun-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