Aafiya
Managing your care process

MEDICAL CLAIM FORM

Provider Name: CITICARE MEDICAL CENTER LLC	Patient Name: SOUFIANE TANGI	
Insurance Company: AAFIYA MEDICAL BILLING SERVICES LLC	Patient Contact No: 0547998284	File No: 47487
Company Name:	Member ID: I007-026-119526759-01	
Date of Treatment : 01-Aug-2025	Date of Birth: 15-Jun-1994	Gender : Male

Chief Complaints :

pc : fever , throat pain and cough

hopc : pt came with high grade fever along with throat pain and cough started two days back

o/e throat is hyperemic

chest is congested

wheezing bilaterally

allergies : none

pmh : none

Referral(if needed):

Clinical Findings BP: 110 TEMP: 37.8 HR: 92 RR: 18

Diagnosis: Acute bronchiolitis, unspecified, Fever, unspecified, Cough variant asthma, Wheezing, Dehydration	Diagnosis Code:J21.9, R50.9, J45.991, R06.2, E86.0	Date of Onset 01-Aug-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,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE,0005-149902-1021, CLOFEN ,0439-152905-1001, LACTATED RINGERS INJECTION USP,96372, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular,96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour,0006-402803-2071, VENTOLIN NEBULES-(SALBUTAMOL : 5 MG/2.5ML) NEBULIZING SOLUTION,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),96375, Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

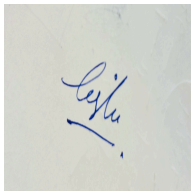
Requested Investigations :

Estimated Cost :

Prescription

Estimated Cost :

Medicine	Dose	Duration
(BUDESONIDE : 160 MCG) (FORMOTEROL FUMARATE : 4.5 MCG) POWDER FOR INHALATION	POWDER FOR INHALATION (120 DOSE, METERED DOSE INHALER)	7
(ACETYLCYSTEINE : 600 MG) EFFERVESCENT TABLETS	EFFERVESCENT TABLETS (10S, TUBE)	5
(POVIDONE IODINE : 1%) MOUTHWASH-SOLUTION	MOUTHWASH-SOLUTION (250ML, PLASTIC BOTTLE)	5
(OXOMEMAZINE : 0.33 MG/ML) SYRUP	SYRUP (150ML, PLASTIC BOTTLE)	5
(CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS	CAPLETS (48S, BOX)	5
(MONTELUKAST (AS SODIUM) : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (28S, BLISTER PACK)	7
(CLAVULANIC ACID : 125 MG) (AMOXICILLIN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	5

MEDICAL PRACTIONER DECLARATION:	PATIENT'S 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: 01-Aug-2025	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 : 01-Aug-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
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